



PHILIPS HIGH SCHOOL

SELF-HARM POLICY

Policy created: October 23 - AKK

Contents

Contents	Page 2
Introduction	Page 3
Aims of the policy	Page 3
Definition of self-harm	Page 3
Risk factors	Page 4
Indicators and warning signs of self-harm	Page 4
Responsibilities for staff, parents/carers and students	Page 5
Reporting self-harm	Page 6
Flow Chart of Reporting a Self-Harm concern	Page 7
Scaling of risk and school procedures	Page 8
Place2Be (school counselling service) and the DSL	Page 9
Suicidal thoughts	Page 9
Impacts of self-harm	Page 9
Alternate strategies to self-harm	Page 10
Resources and support	Page 11
Annex A: safety plan and risk assessment template for suicidal ideation	Page 12
Annex B: safety plan for self-harm	Page 17

Introduction

Philips High school is committed to safeguarding and promoting the welfare of students, it is expected that all staff/ volunteers and agencies share this commitment. We endeavour to provide a safe and non-judgmental environment where a child's voice is valued and heard. A self-harm specific policy has been created to ensure that it is clear for all staff, students and parents/carers to understand how Philips High respond and support any child who is experiencing incidents of self-harm and/or suicidal ideation.

Aims of the policy

It is imperative that all staff know how to appropriately respond and support students who are self-harming. This policy aims to increase understanding and awareness of self-harm so staff can:

- Recognise triggers and indicators of self-harm.
- Understand how self-harm impacts the student and others.
- Be aware of services and support for students.
- Be clear in reporting concerns around students who may be self-harming and understanding procedures.
- Be confident in approaching a conversation around self-harm if a student makes a disclosure.
- Understand the importance of self-harm and the risks.

Definition of self-harm

Self-harm is when a child or young person intentionally damages or hurts their body. It can become addictive because of the natural pain-relieving endorphins that are released when people hurt themselves, which can give a temporary sense of relief. Self-harm can often be a non-suicidal coping strategy for children and young people, but it can also be linked to children and young people who are experiencing suicidal ideation. Each person's reasoning or triggers for self-harm can be different, examples can include:

- To feel in control.
- To relieve tension.
- As a form of self-punishment.
- To communicate a form of distress.
- To provide distraction.
- As a coping strategy/response to not managing stress or anger/upset.
- As a sensory output.

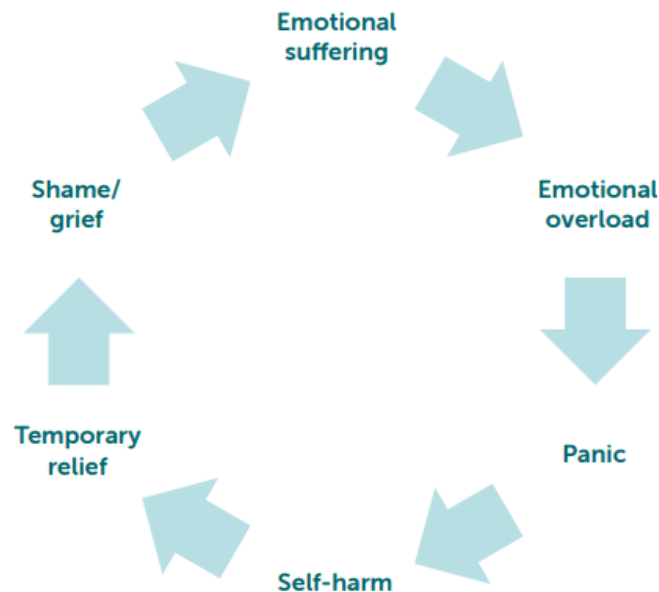
Self-harm can be if someone is hurting themselves by:

Cutting, scratching, scraping or picking skin, swallowing inedible objects, taking an overdose, swallowing hazardous materials or substances, burning or scalding, hair pulling, banging or hitting the head or other parts of the body, scouring or scrubbing parts of the body excessively.

Risk factors

Many factors can impact a child or young person's life, which can increase the risk of self-harm. It is important to understand that self-harm can be a cycle:

Risk factors include:



Individual factors – depression/anxiety, hopelessness, impulsivity, need for control, poor communication skills, low self-esteem or self-worth, poor problem solving skills, drug or alcohol use, eating disorders, feeling powerless.

Family factors – unreasonable expectations, neglect, physical abuse, emotional abuse, sexual abuse, poor parenting, family arguments or poor family relationships, depression/self-harm/suicide in the family, family breakdown.

Social factors – loneliness or social isolation, difficulties in making relationships, being bullied, rejection by peers, feeling under pressure/academic anxiety, feeling the need to socially conform, exposure to self-harm on social media/within peer groups, elements of child on child abuse.

Indicators and warning signs of self-harm

Where Philips High can, we will try to monitor any indicators where we can so preventatives can be implemented. Indicators and warning signs can be:

- Risk taking behaviours i.e. substance misuse, impulsiveness.
- Lack of self-esteem, low mood or withdrawn behaviour.
- Changes in behaviour i.e. child/young person not being themselves.
- Bullying – either being a victim or perpetrator.
- Social withdrawal.
- Significant change in friendships/peer groups.
- Regular bandaged arms/ suddenly always covering arms or other appropriate body parts.
- Obvious cuts, burns or scratches that don't look accidental.
- Reluctance to participate in changing clothes.
- Frequent accidents that cause injury.
- Changes in sleep or eating habits.

Responsibilities

To ensure a student is being supported most appropriately and effectively, school staff will have roles ensure the following:

DSL/Safeguarding team

- To keep records of self-harm incidents and concerns, which are frequently monitored and actions/follow ups are recorded.
- To liaise with multi-agency services about further help and support for students and families. Referrals to be made where necessary.
- To keep up to date with information around self-harm.
- To liaise directly with the nominated person from Place2Be in school counselling service.
- To contact parents/carers when there have been known incidents of self-harm.
- To meet weekly with the Head of Year department and review students who are known to self-harm.
- To inform any other professionals who may be involved with a family i.e. social worker/early help worker/CAMHS, when there have been incidents of self-harm.
- To monitor progress and regularly intervene with students who are at high risk.
- To be the first point of contact for any immediate incidents where a student may be at significant risk of harm.
- To work with the Senior Leadership Team in sourcing self-harm training for staff.
- To ensure that first-aid is administered if a child has self-harmed.

All staff

- To share the commitment of safeguarding and ensure any concerns are reported via the school safeguarding system, CPOMS.
- To be clear in how to respond if there is an immediate or urgent concern.
- To listen to pupils in emotional distress, approaching conversations in a non-judgemental way.
- Be able to signpost and provide resources for students who may be struggling emotionally, promoting wellbeing and safety.
- To request first-aid assistance if there has been an incident of self-harm whilst staff are supporting the student.

Parents/carers are encouraged to:

- Ensure that there is clear communication in place if you know your child has self-harmed. We ask that parents/carers contact school at their earliest convenience to make school aware of this.
- Support the response and procedures that Philips High have towards students who are self-harming.
- Work with any services/ consider school's request for referrals to external services if it is in the best interest of the child.

Students are encouraged to:

- Speak to a member of staff if they are struggling emotionally, feel they want to self-harm, have self-harmed, or have suicidal ideation. We ask that you speak to the DSL, Place2Be or your Head of Year team as soon as possible, but we understand that a student may have an identified staff member who they prefer to talk to. Please understand that any disclosure ultimately will need to be passed on to the DSL.
- Consider support from Place2Be or other services if staff or parents/carers speak to students about this.
- Use the online SHARPS system on the school website if a student prefers to tell school without the pressure of face to face – it is important students make sure their name is included so we can identify who has submitted the form/ who needs support, otherwise we may not be able to help.

Reporting and responding to a student who has self-harmed

The expectation Philips High have is that if any parent/carer is aware of their child self-harming, then school are to be informed so we can work collectively in supporting the child/young person.

For any visitors/agencies who are working with or supporting a student, they are to adhere to Philips High safeguarding procedures and alert the DSL/safeguarding team/Head of Year if there has been a disclosure of self-harm or suicidal ideation, whether this be regarding the student you are working with, or if they have disclosed about another student/peer. It is essential any visitors /agency workers report this before leaving the building.

For students who receive support from school's counselling service, Place2Be, this is typically a confidential service, however, the practitioner has a duty of care to report any safeguarding concerns, including self-harm or suicidal ideation, to the DSL.

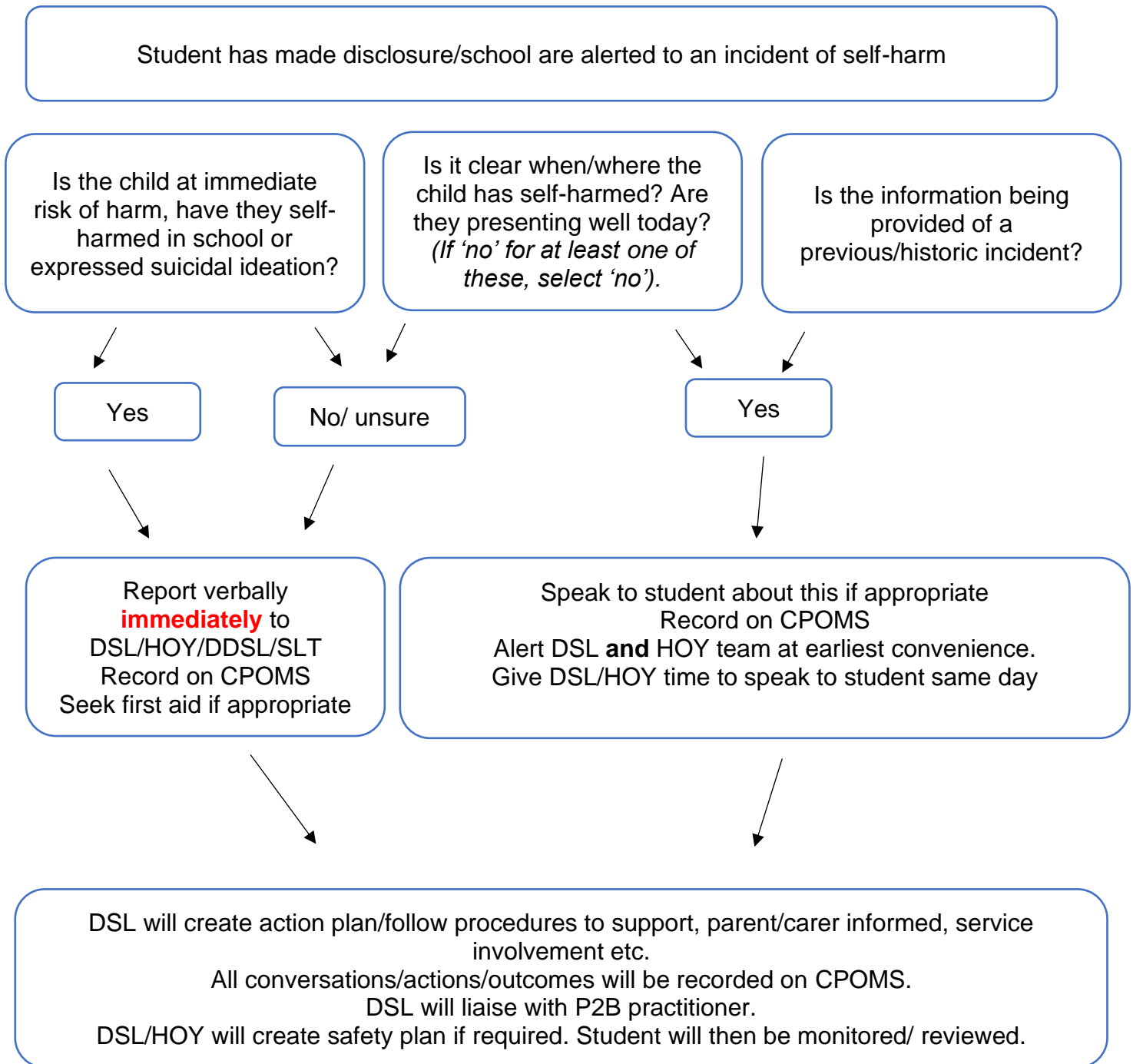
For **all school staff**, there are clear procedures in place, which are shared with staff. Philips High have a strong culture around safeguarding, and all staff must report any form of concerns, including self-harm and suicidal ideation.

It is imperative that all staff consider the following:

- DO NOT panic or show emotion/shock.
- Be confident in speaking to the student but do not use suggestive questions as this can compromise safeguarding investigations and the true picture of what the student is currently struggling with/why they may be self-harming.
- Offer signposting advice/services to the student.
- Reassure student but do not make any promises regarding confidentiality, explain that there is a concern and will need reporting/passing to DSL.
- Only speak to student about self-harm if appropriate i.e. not in front of an audience, ensure confidentiality.

Please see flowchart for reference in regards to reporting a concern:

FLOWCHART: Reporting a Self-Harm concern



Scaling of risk and school procedures

Low Risk	Student has thoughts of wanting to self-harm but has not actually acted on them.	Parent/carer to be contacted, consider GP advice. Student to be offered/referred to Place2Be and given resources/information on services. HOY to monitor. School nurse referral to be offered.
Low-Medium Risk	Student has self-harmed themselves but does not have suicidal ideation or any plans to end life.	Parent/carer to be contacted. First-aid to be considered. Student to be offered/referred to Place2Be and given resources/information on services. Service referrals where appropriate i.e. Early Break/Streetwise/CAMHS. <i>**If student has self-harmed in school on the day, parental consent required for CAMHS duty advice, alternatively parent/carer will need to come and collect from school and take child to A+E/seek urgent medical attention.</i>
Medium Risk	Student is known to regularly/frequently self-harm and has self-harmed, no active plans to end life.	Parent/carer to be contacted. First Aid to be considered. Student to be offered/referred to P2B and given resources/information on services. Service referral to CAMHS, explore SSF/TAF/TAS. <i>**If student has self-harmed in school on the day, parental consent required for CAMHS duty advice, alternatively parent/carer will need to come and collect from school and take child to A+E/seek urgent medical attention.</i>
High Risk	Student is actively planning to end their life/ suicidal ideation. Student has self-harmed and has a history of suicide attempt. Student has self-harmed causing significant injury.	Parent/carer to be contacted, school to advise GP appointment as part of planning. Student to stay with member of staff. First-aid to be administered. URGENT referral to MASH and CAMHS. Parental consent for CAMHS duty advice to be sought. Alternatively, parent/carer to collect child and take to A+E urgently, ambulance/police to be called where appropriate or if student is unsafe/serious threat to life. Safety plan to be created.

Place2Be (school counselling service) and the DSL

There is a nominated practitioner who works at Philips High 4 days a week, from the counselling service Place2Be. Both the DSL and the practitioner will meet regularly, and the DSL will often request the support of the practitioner in decision making around disclosures a student may make.

As mentioned previously, Place2Be is a confidential service for students, but anything of a safeguarding concern must be referred to the DSL, which includes any element of self-harm. Safety plans will either be created for students by Place2Be or DSL/HOY, depending on if the student is receiving direct 1:1 counselling. For counselling, parental/carers consent is required.

Suicidal ideation

Suicidal ideation is a term often used by mental health practitioners and is where a person expresses a genuine desire to die, or wants their life to end. Not all children and young people who do self-harm, have any desire to die or have any plans of ending their life. Suicidal ideation can be linked to someone who self-harms, but some who have suicidal ideation may not self-harm.

Thoughts of hopelessness and low mood can be very common in children and young people, where it is essential that we explore the child/young person's presentation and what the meaning is behind the things they are saying.

In any case of a child/young person expressing suicidal ideation and there being concern for this, referrals should be made to CAMHS, and school will ask parents/carers to take their child to the GP as specialist assessment is required.

Impact of self-harm on others

It is important to remember that self-harm can also have an impact on others who are trying to support a child/young person who is struggling. Self-harm and suicidal ideation is an extremely sensitive topic which could naturally cause some emotions like sadness, shock, anger, fear, frustration or helplessness.

Peers

Peers who are supporting a student who is struggling with their emotional/ mental health and may be self-harming, also will require monitoring and pastoral input around how they are managing their own emotions. Head of Year will ensure peers are monitored and offered any further support where needed. For serious incidents i.e. a child self-harming/suicide attempts, that a peer may witness or be very aware about/directly impacted, DSL/HOY will ensure that parents/carers are contacted and follow up support will be available.

Parents/carers

Parents/carers who are trying to support their child going through a difficult time will also be offered any further support for them as a family. This may be that TAF (Team Around the Family) meetings are arranged by Head of Year, or the DSL will discuss at a TAS (Team Around the School) meeting where further advice/actions can be sought by professional advice. Please note, participation in TAF or TAS meetings are entirely on parental/carers consent. There will also be helpful resources and information further in this policy which will signpost various sources of additional information around mental health support.

For urgent matters or if there are significant concerns, school will consider a referral into MASH – multi agency safeguarding hub, for further advice.

School staff

School staff who are impacted by supporting a student through a difficult time, are encouraged to speak to their line manager, school Wellbeing Lead or DSL. School staff are also encouraged to consider Education Mutual where they can access wellbeing support. School staff can also contact **HOPELINEUK** on **0800 068 4141** for further advice around supporting young people experiencing suicidal ideation.

Alternate strategies to self-harm

There are many suggested strategies which can distract and subsidise feelings or urges of self-harm.

- Countdown slowly from 10 to 0.
- Observe 5 things in a room, one for each sense. Focus attention on this.
- Focus on surrounding objects and think about how they might look, sound, smell, taste and feel.
- Breathe slowly, in through the nose and out through the mouth.
- Set a timer on a phone for up to 5 minutes, keep watching the time go down on the phone until any urges pass – repeat if needed.
- Move to a room /place where others are – try not to be alone.
- Mark the area of skin where self-harm usually happens, with a red felt tip pen.
- Hit a cushion or punch bag, direct anger towards the object.
- Plunge hands into ice cold water.
- Plunge face into cold water.
- Rub ice along areas of skin where self-harm usually happens.
- Ping a rubber band around the wrist.
- Create a playlist of positive songs for when you feel like this.
- Have a shower and exfoliate with a body scrub or sponge.
- Call a positive friend.
- Keep a self-harm diary to better understand what situations or thoughts may trigger self-harming.
- Writing out triggers and reasons for angers and then ripping up the paper.
- Look at photos of loved ones or pets, think about positive memories or events.
- Go for a walk or a run.
- Distract self by cooking/baking, tidying up etc – keeping busy.
- Organise week ahead, plan things to look forward to with loved ones/friends.

Resources and support

Below are a list of links regarding mental health support for children and parents/carers.

In an emergency

- **If a child has taken an overdose or needs urgent medical help** call **999** or attend nearest A&E.
- **If you need urgent mental health support or advice**, call 24-hour mental health helpline **0800 014 9995** or contact your GP for advice
- **If you have noticed physical injuries such as deep cuts or burns**, contact **111.nhs.uk** or your GP for advice.

Where else can you get help and support?

- **Kooth.com** - is a free, safe and anonymous online support and counselling service for young people age 11-18, to support mental wellbeing
- **Pennine Care Trust** also run a helpline for mental health, learning disability and autism service users and carers, of all ages, who are experiencing increased mental health needs. This is run by experienced mental health professionals who can:
 - Listen to you and help you work through immediate problems.
 - Work with you to find ways to move forward or suggest ways of working.
 - Give information about other services that may be helpful to you or the person you care for.
 - **The helpline is open 24 hours a day, 7 days per week on 0800 014 9995.**

We have a number of self-help resources available for children/young people, parents and professionals available on our website: <https://www.penninecare.nhs.uk/burycamhs>

- **YoungMinds Parents Helpline** is for parents, guardians and carers. **Call 0808 802 5544**, available 9.30am to 4pm Monday to Friday.
- **YoungMinds Crisis Messenger** provides free 24-hour crisis support. **Text YM to 85258**. Texts are free from most phone networks.
- **Samaritans** are available 24 hours a day, 365 days a year. Call **0116 123** or email: jo@samaritans.org
- **BEAT Youthline** offers online chat and telephone support to young people struggling with an eating disorder. Their helpline number is **0808 801 0711**, open from 9am–8pm during the week, and 4pm–8pm on weekends and bank holidays.
- **HOPELINEUK** is for young people experiencing suicidal thoughts. Call **0800 068 4141**, 9am – 12am (midnight) every day of the year.
- **SHOUT** provides free, confidential, 24/7 text message support for anyone who is struggling to cope and anyone in crisis. **Text SHOUT to 85258**.
- **ChildLine** provides confidential telephone counselling service for any child under 19. Call their 24-hour helpline **0800 1111**, sign up for a ChildLine account childline.org.uk/registration/ or have a one-to-one chat childline.org.uk/get-support/1-2-1-counsellor-chat/ with an online counsellor.

Philips High School safety plan and risk assessment



Pupil Name:	
Staff member completing plan and role in school:	
People present in the safety plan meeting:	
Date plan created:	
Review Date:	
2 nd review date	

Dealing with big emotions can become very challenging and can sometimes lead people into developing unhealthy coping strategies; this plan will explore those emotions.

- Where there is a concern or disclosure made around self-harm or suicidal ideation/thoughts, safety plans need to be created for school to be able to support the young person.
- The staff member creating this document will either be the DSL or HOY and will be reviewed regularly.
- Safety plans may be shared with home, other staff supporting the young person and if appropriate, shared with services such as CAMHS.
- Areas of support and actions may look different for each young person, and will be discussed between the staff member completing this plan and the young person.
- This plan will be reviewed.

Safety plan

1. Do you ever hurt yourself, or think about hurting yourself, to cope with how you are feeling? If Yes, proceed to ask other questions in this section :	Yes/No
<ul style="list-style-type: none"> • <i>In what way have you hurt yourself?</i> • <i>When was the last time you hurt yourself and has this happened previously?</i> • <i>Can you describe what might have been happening around you at the time that could have triggered you to self-harm?</i> 	
On a scale of 0-10, where would you say you are now regarding self-harm? <i>0 = I never think of hurting myself</i> <i>5 = I occasionally hurt myself</i> <i>10 = I often hurt myself</i>	Score =

<p>2. Do you ever have thoughts of not wanting to live anymore? If yes, proceed to ask other questions in this section.</p>	<p>Yes/No</p>
<ul style="list-style-type: none"> <i>When was the last time you had these thoughts?</i> 	
<ul style="list-style-type: none"> <i>Can you describe what might have been happening around you when you were having these thoughts?</i> 	
<ul style="list-style-type: none"> <i>What other situations may cause you to have thoughts of not wanting to live?</i> 	
<ul style="list-style-type: none"> <i>Do you have any plan/s as to how you might end your own life?</i> 	
<ul style="list-style-type: none"> <i>If yes, are you having any thoughts at this moment of acting upon your plan?</i> 	
<p>On a scale of 0-10, where would you say you are now about ending your life? <i>0 = I never think about ending my life.</i> <i>5 = I sometimes wish I wasn't alive and thinking of ending my life</i> <i>10 = I intend to end my life and have a plan</i></p>	

3. What can we agree today to reduce your risk?	
Reasons to live – what positive factors help to prevent you from harming yourself? <i>- Support networks, family/ friends, hobbies etc.</i>	
What can I do to distract myself?	
Where/ how can I find help? <i>-Speaking to someone, using mental health services/resources etc.</i>	
Adults I can go to in an emergency at:	
School:	
Home:	
Others:	

Risk assessment

Risk	Impact to self or others	Preventative	Response



CALM HARM APP



Support
After Suicide
Partnership



HOPELINEUK



Need support?
Emotional health
resources that can
help



SPARK



childline

ONLINE, ON THE PHONE, ANYTIME



Improving children's
mental health



National
Suicide Prevention
Alliance

APPENDIX B: Safety plan for self-harm

My Safety Plan

Name:

How might I feel or what might I think when wanting to self-harm?

- What are my triggers?
- How often are my urges?
- What is happening around me when I want to self-harm?

What can others do to help me?

Who would I speak to if I was worried I might self-harm?

Home:

School:

Others:

Who else can help me?

- Papyrus Hopeline – text 07786 209 697
- Text “SHOUT” to 85258
- Pennine 24/7 crisis phone line for Bury and Rochdale: 0800 014 9995
- Greater Manchester 24/7 crisis phone line including Manchester and Bolton: 0800 953 0285
- Hopeline UK: 0800 068 4141
- Childline: 0800 1111
- Kooth.com
- Headspace / Calm App
- 101 or 999 for emergency support.

Alternative strategies to self-harm – highlight 5 you could try.

- Countdown slowly from 10 to 0.
- Observe 5 things in a room, one for each sense. Focus attention on this.
- Focus on surrounding objects and think about how they might look, sound, smell, taste and feel.
- Breathe slowly, in through the nose and out through the mouth.
- Set a timer on a phone for up to 5 minutes, keep watching the time go down on the phone until any urges pass – repeat if needed.
- Move to a room /place where others are – try not to be alone.
- Mark the area of skin where self-harm usually happens, with a red felt tip pen.
- Hit a cushion or punch bag, direct anger towards the object.
- Plunge hands into ice cold water.
- Plunge face into cold water.
- Rub ice along areas of skin where self-harm usually happens.
- Ping a rubber band around the wrist.
- Create a playlist of positive songs for when you feel like this.
- Have a shower and exfoliate with a body scrub or sponge.
- Call a positive friend.
- Keep a self-harm diary to better understand what situations or thoughts may trigger self-harming.
- Writing out triggers and reasons for angers and then ripping up the paper.
- Look at photos of loved ones or pets, think about positive memories or events.
- Go for a walk or a run.
- Distract self by cooking/baking, tidying up etc – keeping busy.
- Organise week ahead, plan things to look forward to with loved ones/friends.
- Develop a code word or specific emoji with my parents/ carers, that I can text them if I am feeling low but am not ready to talk. For example, I could agree I would send a football emoji to my parents/ carers if I am struggling, so they are aware I am not feeling ok.