



KING EDWARD VI HANDSWORTH SCHOOL FOR GIRLS

Self-Harm Policy 2020

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Related Documents/Policies

Reference	Title
	Mental Health First Aid England, Youth MHFA training
	Suicide-Safer School Policy (2020)
	Let's Talk About Self-harm. Southend, Essex and Thurrock Council
	The Truth About Self-harm: for young people and their friends and families. Mental Health Foundation (based on findings of the National Inquiry into Self-harm)

Jane Glendenning (DSL) is responsible for reviewing and updating this procedure.

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1. Introduction

Self-harm is defined by the World Health Organisation as “an act with a non-fatal outcome in which an individual deliberately initiates a non-habitual behaviour, that without intervention from others will cause self-harm”. Whilst it is defined as having a ‘non-fatal’ outcome, often there are shared risk factors for both self-harm and suicide, which will be discussed later in the policy.

The Good Childhood Report released in 2018 by the Children’s Society found that over 15% of children, and 22% of girls surveyed had self-harmed over the past year.

People self-harm in different ways, including but not limited to:

- Cutting;
- Burning;
- Scalding with hot water;
- Banging, pinching or scratching their body;
- Sticking sharp objects into their body;
- Eating or drinking things that are poisonous or harmful;
- Not letting wounds heal;
- Taking too many tablets;
- Misusing prescribed or illegal drugs or alcohol;
- Over exercising;
- Restricting food intake, or purging after eating.

The term ‘self-harmer’ gives the wrong message to the sufferer. It defines them by the act of harming and stigmatises by way of generalisation.

Self-harm is not necessarily about control and every sufferer will experience different emotions. There will be different trigger factors for each person. Behind the act of self-harming lie may complex and overwhelming emotions, which can be triggered by various traumas, stresses or anxiety. Whatever the physical manifestation, the sufferer seeks some form of release and escapism from the difficulties they are facing. This might give temporary relief from the emotional pain the person is feeling. Self-harm in these circumstances may lead to feelings of being more real, more alive, functioning and able to cope in the short term. This relief is only temporary because the underlying reasons still remain. Soon after, feelings of guilt and shame might follow, which can then develop into an addictive cycle and an action that becomes relied upon as a coping mechanism, which be very difficult to unlearn.



For some young people self-harm is a way of expressing their distress non-verbally. Self-harm should not be assumed to be “attention seeking behaviour”, however superficial it appears. It is almost always a sign that something is wrong, a cry for help, a personal and visible reminder of the struggle the sufferer is experiencing and needs to be taken seriously. Avoid making judgements or assumptions about why someone has self-harmed. The distress of the sufferer is not defined by the severity of the injury either, or the method of self-harm.

Some young people self-harm with the intention of making themselves unattractive to others or to prevent others from getting close. Some young people repeatedly injure to escape from painful feelings such as hopelessness. Because self-harm can reduce tension and help control mood, it can be self-reinforcing and habit forming. It is very difficult for people who self-harm to talk about it because they often feel ashamed, embarrassed and confused.

Because there may be some temporary relief at the start, self-harm can become someone’s normal way of dealing with life’s difficulties. This means that it is important to talk to someone as early as possible to get the right support and help. Learning new coping strategies to deal with these difficulties can make it easier to break the cycle of self-harm in the long term.

2. Aims of the policy

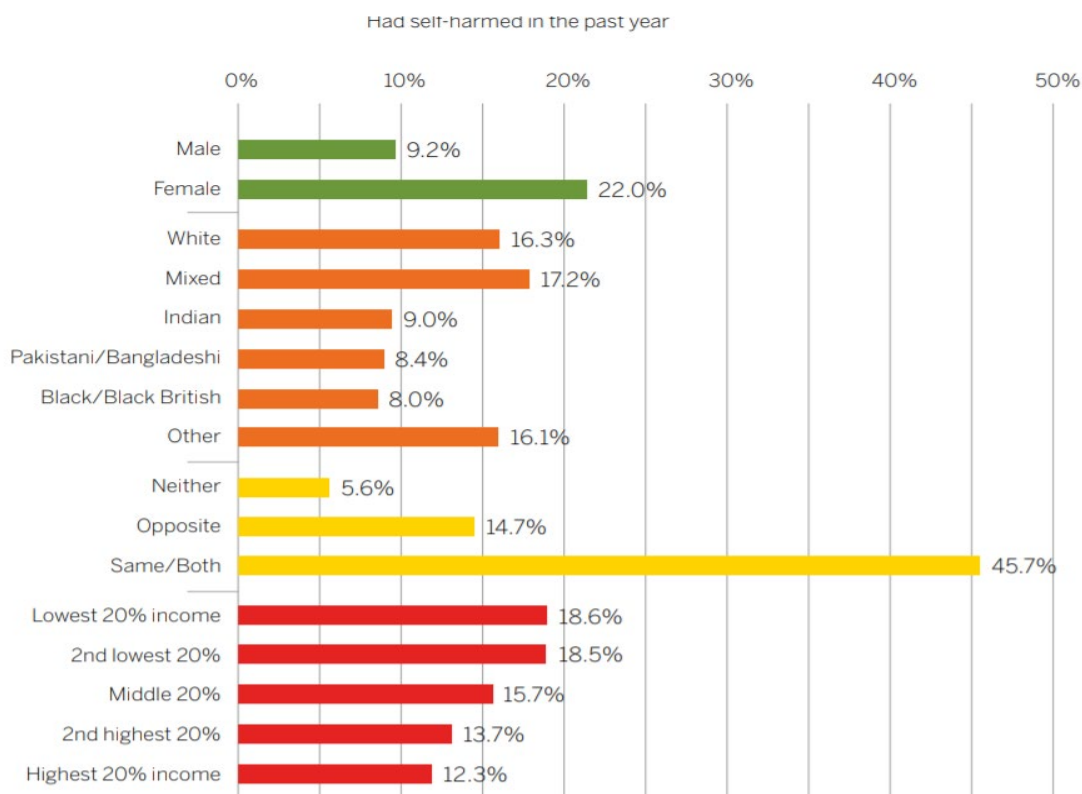
- To increase understanding and awareness of self-harm.
- To alert staff to warning signs and risk factors.
- To provide support to staff dealing with students who self-harm.
- To provide support to students who self-harm and their peers and parents/carers.

3. Risk factors

Figure 1 shows that the highest risk factors identified include being female, of white or mixed heritage, and from lower income families. The most at-risk group, of which 45.7% said they had self-harmed in the past year, are those children who are attracted to the same or both genders. The Stonewall report in 2017 put this figure higher, at around 61%, and found that 85% of young people in schools who identified as transgender had self-harmed.

People who self-harm are at increased risk of suicide, although many people do not intend to take their own life when they self-harm. At least half of people who take their own life have a history of self-harm, and one in four have been treated in hospital for self-harm in the preceding year.

Fig. 1. % of children who self-harm according to a variety of factors (Good Childhood Report, 2018)



The following table shows some risk factors which may mean young people are more at risk of self-harm, particularly if they have a number of risk factors. Young people with the protective factors listed may be less at risk of self-harm. However, some who self-harm may not have any of these risk factors and may self-harm despite having protective factors (e.g. supportive adult relationships etc.).

	Risk factors		Protective factors
Characteristics of the individual child	<ul style="list-style-type: none"> Low self-esteem Poor coping, communication or problem solving skills Difficult temperament Mental distress or illness, e.g. anxiety/depression Alcohol/substance misuse Impulsivity Stress or worried about school work or peers 	<ul style="list-style-type: none"> History of similar behaviour in the past Past or current experience of abuse Feeling isolated Recent bereavement or loss Worries around sexuality Chronic illness/disability Gender dysphoria² 	<ul style="list-style-type: none"> High self-esteem Higher ability/attainment Outgoing personality Good coping skills Positive school experience Secure attachment Resilience Knowledge of where to seek support
Features of the immediate context	<ul style="list-style-type: none"> Access to means of causing self-harm Being alone Social exclusion Alcohol and drugs 		<ul style="list-style-type: none"> Access to social support Social inclusion
Family factors	<ul style="list-style-type: none"> Family members who self-harm Family conflict Parental separation and divorce Single parent family Parental illness 	<ul style="list-style-type: none"> Parental alcohol/drug misuse Sexual/physical/emotional abuse or neglect Poverty/low socio-economic status Domestic violence Pressure from family to achieve at school/unreasonable expectations 	<ul style="list-style-type: none"> Supportive adult relationship Harmonious family relationships Low level of material or social hardship Good role models within family
Peer group	<ul style="list-style-type: none"> Arguments with friends Bullying Friends who self-harm Loneliness/social isolation 		<ul style="list-style-type: none"> Stable and secure friendship group
School/college	<ul style="list-style-type: none"> Pressure to perform well 		<ul style="list-style-type: none"> Supportive adult Inclusive/incorporative ethos Strong commitment to PGHR mental health promotion Establishment of peer support systems
Wider culture and community	<ul style="list-style-type: none"> Minority status Problems in relation to race, culture or religion Problems regarding sexual orientation or identity Media portrayals glamorise self-harm or suicide 'victims' and elicit 'copy-cat' responses by vulnerable children and young people 		

Table adapted from: Hertfordshire Children's Trust Partnership: Self-harm and suicidal behaviour guide for staff working with children and young people, 2010.
²NHS choices Gender Dysphoria symptoms (last reviewed 12/4/18) available at <http://www.nhs.uk/Conditions/Gender-dysphoria/Pages/Symptoms.aspx> accessed 21/8/2017

4. Misconceptions

Misconceptions can prevent a young person from coming forward and seeking help. Misconceptions include that self-harm is:

- Manipulative;
- Attention seeking;
- A selfish act;
- Done for pleasure;
- A group activity;
- Carried out by those interested in particular sub-cultures;
- A copy-cat response;
- A failed suicide attempt;
- Evidence of borderline personality disorder.

NB There are however, a few cases that can be linked to a contagion effect, whereby young people begin self-harming in response to those around them engaging in such behaviour.

5. Identification

Self-harm may begin in response to a range of issues (see risk factors in the previous table), including the below:

- 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 (sexual, emotional, physical abuse or neglect);
- Self-harm behaviour in other young people (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/change in parental care/carers.

We will aim to identify these factors early through the use of resilience sheets in form rooms, interaction with Form Tutors and Young Well Being Leads (YWBLs), and through completion with students of Signs of Safety forms, Strengths and Difficulties Questionnaires (SDQs) and Anxiety and Depression Scoring (RCADS) via the Wellbeing Crew. This will allow us to streamline our response if we discover a student who has previously engaged with one of these services has been self-harming.

Staff may become aware of warning signs which indicate a student is experiencing difficulties that may lead to thoughts of self-harm or suicide. These warning signs should **always** be taken seriously and staff observing any of these warning signs should seek further advice from the Pastoral Leader for the relevant year group or from one of the school Designated Safeguarding Leads. They may also be present for a disclosure from students or witness evidence of self-harm, in which case they should follow the action plan laid out in section 6.

The NHS highlights warning signs that staff, family, and peers should be aware of:

- Unexplained cuts, bruises, or burns usually seen on their wrists, arms, thighs, and chest;
- Keeping themselves fully covered at all times, even during warmer weather;
- Signs of depression, low mood, aggression, tearfulness, or lack of motivation/interest in anything;

- Drug or alcohol abuse;
- Risk taking behaviour (substance misuse, unprotected sexual acts);
- Self-loathing and expressing a wish to punish themselves;
- Becoming very withdrawn and isolating from friends and family;
- Changes in sleeping habits;
- Signs of low self-esteem, believing themselves to not be good enough;
- Restricting food; throwing lunches away, or not eating at all;
- Signs they have been pulling out their hair, or biting their nails to the point that it becomes painful.

If a staff member believes a student to be exhibiting one or more of these signs, then they must record all observations and conversations on CPOMS to ensure consistency of information for all staff involved in dealing with the situation.

6. Roles and responsibilities

Governors

- Support the school Senior Leadership Team in awareness and understanding of self-harm and how it should be approached within the curriculum and training for staff and, where appropriate, parents;
- Support the development of the school policy around self-harm.

Headmistress

- To lead whole school culture of positive mental wellbeing, including awareness of emotional wellbeing, mental health issues and self-harm, and be supported to do so;
- Support training for staff on emotional wellbeing and mental health issues including self-harm;
- Ensure School adherence to the Ofsted Common Assessment Framework which identifies students having “knowledge of how to keep themselves healthy, both emotionally and physically, including through exercising and healthy eating” as one of the criteria in the “personal development” section of the framework.

Designated Safeguarding Lead (DSL)

- Develop and implement the Self-Harm Policy ensuring all staff (including non-teaching) are aware of and understand the policy and what procedures to follow;
- Ensure that all students know that they can talk to members of the Pastoral Team, including the DSL, if they are experiencing or thinking about self-harming, or are aware of another student who is thinking about self-harming/has self-harmed;
- Ensure all students know where to access resources about coping with self-harm;
- Maintain up to date records of students experiencing self-harm, incidents of self-harm, concerns surrounding the issue and support provided to students and share appropriate information with the Academy Trust at yearly Mental Health and Wellbeing meeting;
- Communicate, where appropriate, with the headteacher and the Local Governing Body, on a regular basis and keep them informed of all incidents and developments;
- Be confident and up to date in understanding of self-harm including training where required;
- Be aware of what organisations and key services in the area can support young people who self-harm;
- Be aware of information sharing and confidentiality arrangements, including when it is essential to share information with other organisations;

- Inform student's parents, or support the Pastoral Team to do so, and liaise with them as to how to best manage the situation;
- Respond to any mention of suicidal feelings or behaviour as a matter of urgency;
- Ensure that all first-aiders are well informed about self-harm;
- Take care of own and the Pastoral Team's emotional wellbeing and seek support/supervision as and when necessary.

All staff

Students may choose to confide in a member of school staff if they are concerned about their own welfare, or that of a peer. School staff may experience a range of feelings in response to self-harm in a student such as anger, sadness, shock, disbelief, guilt, helplessness, disgust and rejection. However, in order to offer the best possible help to students it is important to try and maintain a supportive and open attitude – a student who has chosen to discuss their concerns with a member of school staff is showing a considerable amount of courage and trust.

Don't focus on trying to stop the self-harm, but instead concentrate on helpful coping strategies and ways to reduce harm to the young person. Let them know that alternative strategies for coping can be learnt when they are ready, that support is available, and that they are not alone. Have realistic expectations for them, and understand that any behaviour takes time to learn and unlearn, and so even if they want to stop self-harming, it may take time and effort to build and strengthen alternative coping methods before they can fully stop.

Help the young person realise that:

- There are usually emotional issues that underline self-harming behaviours;
- There are effective treatments and support for those underlying problems;
- With appropriate treatment and support they will feel better and learn new and alternative coping strategies.

It is important not to make promises of confidentiality that cannot be kept even if a student puts pressure on you to do so.

All staff are responsible for monitoring the behaviour of students and recognising warning signs as listed in part four. All concerns should be forwarded to Pastoral Leaders for the relevant year group, irrespective of perceived severity. The DSLs should be made aware via CPOMS or in person.

For immediate first aid concerns Tracy Danks in the main office is to be contacted. In the case of a medical emergency, phone the main school office and request an ambulance to the school.

In the case of an acutely distressed student, the immediate safety of the student is paramount and an adult should remain with the student at all times.

A young person who has injured themselves should be seen at A&E where hospital staff can treat the injuries and give a thorough physical and mental assessment which should also include their social situation and history of self-harming behaviour.

Most young people who self-harm do not seek professional help. The DSL and Pastoral Leaders will ask parents to take their daughter to see their GP in the first instance who will refer them to the appropriate support.

Staff self-care

Staff may find it difficult or upsetting when discussing issues related to self-harm with young people. It is important for staff to look after themselves and seek help and support where necessary. Please speak to the DSL and/or seek advice from the school's Employee Assistance helpline.

Staff should not work beyond their limitations; if staff wish to improve skills, knowledge and confidence with regards to helping young people who self-harm, further training can be provided.

Parents

It can be difficult to find out that someone you care about is harming themselves. As a parent/carer you may feel angry, shocked, guilty and upset. These reactions are normal, but what the person you care about really needs is support from you. They need you to stay calm and to listen to them.

Try to:

- Keep an open mind;
- Make the time to listen;
- Help them find different ways of coping;
- Go with them to get the right kind of help as quickly as possible.

Some people you can contact for help, advice and support are:

- Your family doctor;
- Young Minds Parents Information Service;
- See Appendix A for resources.

Students

There are lots of people you can talk to about what you are going through. It is important to tell someone you trust and feel comfortable with, as they will be able to help and support you. You could talk to:

- friends;
- family;
- someone at school, such as your Form Tutor or a member of the Pastoral Team;
- your GP or healthcare professionals such as a counsellor or nurse;
- charities and helplines.

There are no rules about how you should tell someone. The most important thing is that you feel comfortable and trust the person you decide to tell. Set time aside to talk to them. Remember you can set the pace and it is up to you how much you want to tell them.

If you find speaking about it too difficult, you can tell someone in writing or in an email. You can even ask a friend to speak to a trusted adult on your behalf. Let them know you need help with how you are feeling. There is no need to give details about how you have harmed yourself and you don't need to talk about things you feel uncomfortable talking about. Try to focus on the thoughts and feelings behind your self-harm rather than the behaviours.

If you decide to talk to a GP or other health professional, you can take a friend or family member with you to support you.

'Sometimes after telling someone you may feel worse. That's normal. But remember that once you get over this hurdle there is support and help available.'

If you're worried that when you tell someone they won't understand, or if you have experienced this, suggest they talk to an expert in the field to try to understand more about self-harm. Remember that health professionals, GPs and teachers are familiar with this issue and are there to help. Don't let the fear of a bad reaction put you off seeking the help you need and deserve. As hard as it is to tell someone, sharing will take the pressure off you and help you get the right support and help available.

It's important to remember that you won't always feel the way you do now. The problems that are causing you to self-harm can, with help and support, become more manageable over time or even go away. Things can and do get better!

'Take time and be patient with yourself. Recovery doesn't happen overnight - it can be a slow process. Start to learn how to care for yourself.'

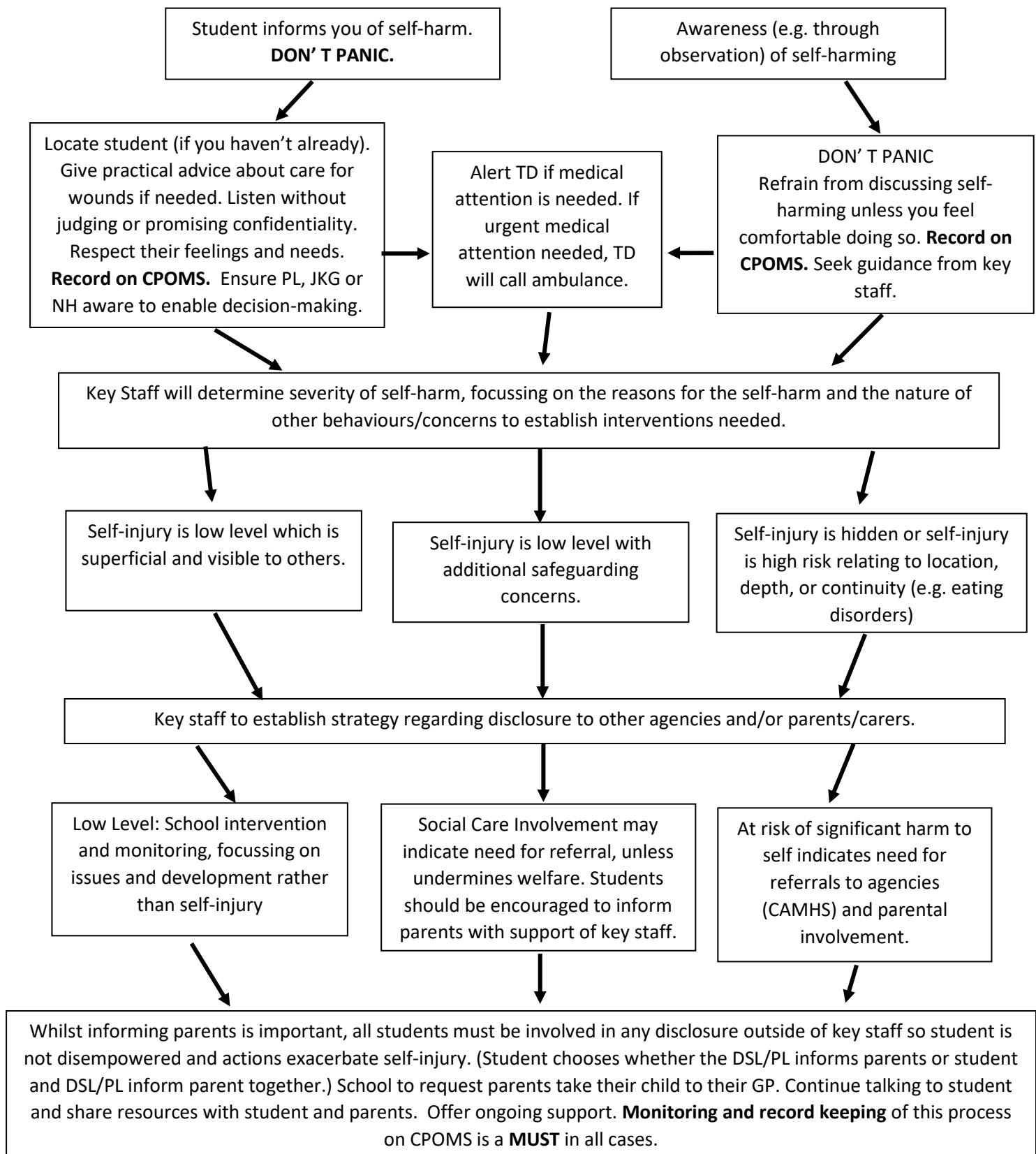
Young people who have recovered from self-harm say that changes over time and changes in circumstances in life (for example moving home, changing schools, finishing exams, going to university, changing jobs or changed financial circumstances) helped them to recover. Once one or two of the main factors that were causing them to self-harm (such as their family situation) were removed, they felt they didn't have to use self-harm as a coping strategy. Others explained that recovery was about finding new coping strategies and more helpful ways of dealing with emotions or distress. This is also an important factor towards recovery from self-harm.

7. Action plan

There is no evidence to suggest that talking about self-harm will encourage young people to harm themselves. On the contrary, feedback from students is that they want to talk. However, this needs to be done sensitively since our responses can sometimes be seen as uncaring. **Avoid asking 'why' questions; ask 'what'**. Staff should follow the action plan laid out below.

Self-Harm Flow Chart of Response

Key Staff: JKG (DSL), NH (Deputy DSL), ND (Deputy DSL), TD (First Aider), Pastoral Leaders (PL)



8. Advice for the Pastoral Team in assessing risk

When working with young people it is essential to develop an understanding of the level of risk that they present to themselves and to remember that this can change over time. It is ok to talk with young people about these issues; it will not make things worse.

Factors that increase the risk:

- The use of alcohol or drugs when self-harming (this can increase recklessness and impulsiveness);
- Feelings of hopelessness about life (whether it be not caring about themselves or actively wanting to die);
- Methods of self-harm where there is a higher risk of accidental or unanticipated severe harm (e.g. frequent small overdoses may cause long-term harm);
- An increase in the frequency of self-harm or a feeling of having to do more to feel what they perceive to be the benefits).

If the young person is expressing a wish to die and says they have a plan of what to do, they should be seen urgently by the local emergency department who will access mental health services as appropriate. (See Suicide-Safer School Policy.)

Unless the young person is in obvious emotional crisis, kind and calm attention to ensuring that any immediate physical wounds are treated (by School First Aider) should precede additional conversation with them about the non-physical aspects of self-harm.

Questions of value in assessing severity of the injury include:

- Where on your body do you typically self-harm?
- What do you typically use to self-harm?
- What do you do to care for your wounds?
- Have your wounds ever become infected?
- Have you ever seen a doctor because you were worried about a wound?

Where in doubt or if concerned, seek medical attention as appropriate.

In general students are likely to fall into a spectrum of risk:

- Lower risk students: little history of self-harm, a generally manageable amount of stress and at least some positive coping skills and external support.
- Higher risk students: more complicated profiles, report frequent or long-standing self-harm practices, use of high lethality methods, younger age, parental mental health problems and/or students who are experiencing chronic internal or external stress with few positive supports or coping skills.

Key points to be aware of:

- These risk factors and questions serve only as a guide to support staff and are by no means exhaustive. Assessing risk should be in collaboration with the young person and Designated Safeguarding Lead.

Where a child or parent is unwilling to engage with support services, a referral to Birmingham Safeguarding Children Partnership should be considered, as refusal to engage may constitute a safeguarding issue.

After assessing immediate risk, gaining further information from the young person may take place over a number of conversations and should occur at a pace comfortable for them. Remember, if you are concerned that the young person has experienced or is at risk of experiencing significant harm then it is necessary to follow our child protection procedures.

Confidentiality when managing self-harm or suspected self-harm

- It is important to have a conversation with the young person about confidentiality as early as possible as it may affect their help seeking behaviour.
- This will include making the young person aware that where there are concerns about their safety, other people will need to be informed, but that wherever possible they will be made aware of this and their consent will be sought.
- Young people over the age of 16 are usually judged to be able to seek their own medical advice and treatment providing they are competent to do so. However, it is best practice to involve parents as much as and where possible. Generally speaking, parental involvement should be encouraged unless there is a sound reason not to do so, or if to do so would put the young person at risk of further harm. The reasons behind decisions around confidentiality must be clearly documented on CPOMS.
- Safety always takes priority over confidentiality; do not make promises about confidentiality you cannot keep.
- The conversation can consider what actions a young person can take to minimise risk, e.g. talking to a positive friend, counselling, speaking to the Wellbeing Crew and/or parent(s).
- There should be a clear explanation about what is going to happen and why, and of the choices available.
- It is essential to maintain clear communication with the young person throughout all interactions explaining clearly what has been done, who has been told and next steps to be taken, all of which should be decided in collaboration with the young person as much as is possible. This should take into consideration the age of the young person.

Topic Confidentiality Starting the conversation/establishing rapport The nature of the self-harm	Possible prompt questions <ul style="list-style-type: none">• “I appreciate that you may tell me this in confidence but it is important that I let you know that your safety will always be more important than confidentiality. If I am sufficiently worried that you may be feeling unsafe or at risk of hurting yourself, part of my job is to let other people who can help you know what’s going on. BUT I will always have that discussion with you before and let you know what the options are so that we can make these decisions together”• “Let’s see how we can work this out together...I may not have the skills to give you the help you need, but we can find that help for you together if you would like...”• Use active listening e.g. “Can I just check with you that I have understood that correctly?”• “Where on your body do you typically self-harm?”• “What sort of self-harm are you doing?”• “What are you using to self-harm?”
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<p>Reasons for self-harm</p>	<ul style="list-style-type: none"> • “Have you ever hurt yourself more than you meant to?” • “What do you do to care for the wounds?” • “Have your wounds ever become infected?” • “Have you ever seen a doctor because you were worried about a wound?” • “I wonder if anything specific has happened to make you feel like this or whether there are several things that are going on at the moment...?” E.g. peer relationships; bullying; exam pressure; difficulties at home; romantic relationship breakup; substance misuse; abuse
<p>Coping strategies and support</p>	<ul style="list-style-type: none"> • “Is there anything that you find helpful to distract you when you are feeling like self-harming...? Perhaps listening to music, playing on your phone, texting a friend, spending time with your family...reading, going for a walk...etc.” • “I can see that things feel very difficult for you at the moment...and I am glad that you have felt able to talk to me. Is there anyone else that you have found helpful to talk to before? Is there anyone else that you think maybe good to talk to? How would you feel about letting them know what’s going on for you at the moment?” • “How could we make things easier for you at school?” • “What feels like it is causing you the most stress at the moment?” • “What do you think would be most helpful?”
<p>Speaking to parents (where appropriate)</p>	<ul style="list-style-type: none"> • “I understand that it feels really hard to think about telling your parents...but I am concerned about your safety and this is important...would it help if we did this together? Do you have any thoughts about what could make it easier to talk to your parents...”
<p>Ongoing support</p>	<ul style="list-style-type: none"> • “Why don’t we write down what we have agreed as a plan together...then you have a copy that you can look at if you need to remind yourself about anything. Sometimes when you are feeling low or really want to self-harm it is difficult to remember the things that you have put in place-this can help remind you...”

Replacing self-harm with safer coping strategies can be a helpful way of responding to difficult feelings. The coping strategies appropriate for different young people are likely to vary by their age and personal preference. Talking to the young person about what coping strategies work for them

may be useful (see conversation prompts above). Different strategies may work for different individuals and may require time to become effective. Some strategies that may be helpful include:

Topic	Examples of activities
Calming/stress relief/distraction	<ul style="list-style-type: none"> • Going for a walk, looking at things and listening to sounds • Create something, e.g. drawing, writing, music, cooking, sculpture, crafts • Going to somewhere away from the house • Keeping a diary, rainbow journal • www.selfinjurysupport.org.uk or weblog (the young person should consider how to protect themselves online) • Stroking or caring for a pet • Watching TV or a film • Getting in touch with a friend • Listening to soothing music • Having a relaxing bath • Breathing exercises • Plan an activity
Releasing or managing emotions e.g aggression and anger	<ul style="list-style-type: none"> • Clenching an ice cube in the hand until it melts • Snapping an elastic band against the wrist • Drawing on the skin with a red pen or red paint instead of cutting • Sports or physical exercise, kick a football against a wall, go for a run • Using a punch bag/pillows or other soft object • Listening to or creating loud music • Tearing up newspaper • Repetitive counting or writing
Restlessness	<ul style="list-style-type: none"> • Take some exercise e.g. walking, gardening, bike ride • Sing or shout loudly

Speaking to parents about self-harm

- Ask to speak to parents on the same day as the disclosure about self-harm.
- Ask a member of the support team to ask parents to come into school to meet either the DSL or the relevant Pastoral Leader. Never deliver the news over the telephone if at all possible.
- Thank parents for taking the time to come into school and reassure them that their daughter is safe, but has been experiencing some emotional distress recently.
- Ask parents to listen to their daughter without judging them or being critical.
- Ask them to keep their daughter's life as stress-free as possible and provide the same support as they would if their daughter was physically ill. Ensure that their daughter is eating and sleeping well and not spending long periods in isolation.
- Tell them the facts that have been reported. Advise them that this is usually temporary behaviour and that new coping strategies can be learned.
- Advise them to make a GP appointment for that day or take their daughter to the hospital if needed.
- Suggest that their daughter speak to one of the external agencies suggested in Appendix A, whilst support is ongoing in school.

Appendix A: Additional Helpful Resources

Pause As a precaution and in line with national COVID-19 (coronavirus) guidance, Forward Thinking Birmingham Pause drop-in centre in Digbeth has closed until further notice. To ensure that young people are able to access support, trained practitioners will be available by emailing askbeam@childrenssociety.org.uk Provide some information in the email on what support might be needed, if the drop in service has been accessed before and if there is a preferred time for a call back (AM/PM). If the young person has not accessed the drop-in service before a registration and consent form needs to be completed. This ensures that Pause can deal with inquiries quickly. If the young person does not have access to the internet, they can call 020 784 14470 . The operating hours are between 10am-6pm 7 days a week (please note local call charges do apply). Leave a name, telephone number and a suitable time to call back in the next 48 hours. Speak clearly on the message. If under the age of 14 parental consent is required. The service is for anyone under the age of 25 who has a Birmingham GP. If it is a crisis contact the Access Centre on 0300 300 0099 and speak to a member of the team.

<https://student.kooth.com/> Kooth is a new free, safe and anonymous online support for students' emotional and mental health in Birmingham The online self-referral is available at www.kooth.com . Monday – Friday 12pm – 10pm. Saturday – Sunday 6pm – 10pm.

Calm Harm is a free app to help teenagers manage the urge to self-harm. Available on Google Play & App Store. www.calmharm.co.uk

www.beateatingdisorders.org.uk/ support for anyone with an eating disorder.

Samaritans. A national charity aimed at providing emotional support to anyone in emotional distress www.samaritans.org 116 123 (free phone 24 hour helpline)

Mind Provides advice and support to anyone experiencing mental health problems www.mind.org.uk Mind - Understanding self-harm booklet: www.mind.org.uk/media/5133002/mind_und_self-harm_singles_4-web.pdf

Rethink. A national mental health charity offering information, advice and support about mental health issues www.rethink.org

Harmless. A national voluntary organisation for those who self-harm, their families and professionals www.harmless.org.uk

SelfHarm.co.uk. A project dedicated to supporting young people impacted by self-harm. It provides a space to talk, ask any questions and be honest about what's going on in their life www.selfharm.co.uk

Epic friends. Advice for young people on ways to help friends who may be self-harming www.epicfriends.co.uk

Lifesigns. An online, user-led voluntary organisation, which aids understanding of self-injury and provides information and support to people of all ages affected by self-injury www.lifesigns.org.uk

Childline. Trained counsellors who can talk to anyone aged under 19 about any issue they are going through www.childline.org.uk/

Family Lives. A charity which supports parents with all aspects of family life www.familylives.org.uk/about/

The Wish Centre. A charity providing advice and online support for young people to support recovery from self-harm, violence, abuse and neglect www.thewishcentre.org.uk

No Harm Done: A Parent's Journey. Next steps for parents or carers whose child is self-harming. https://youngminds.org.uk/media/1209/no_harm_done_parents_pack.pdf

Self-harm alternatives by Dr Pooky Knightsmith www.slideshare.net/pookyh/selfharm-alternatives-over-130-ideas-for-use-in-recovery

Mental Health UK www.mentalhealth-uk.org support people with mental illness – and their carers, family members and colleagues.

Charlie Waller Memorial Trust www.cwmt.org.uk/schools-families-resources publish free resources for professionals, parents, young people and others interested in mental and emotional wellbeing. All resources are available as free downloads and free printed copies.

NHS Choices www.nhs.uk The NHS Choices website which has useful webpages containing information about all aspects of health. You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is a fast and easy way to get the right help, whatever the time. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

The Royal College of Psychiatrists www.rcpsych.ac.uk/mental-health/parents-and-young-people/information-for-parents-and-carers/self-harm-in-young-people-for-parents-and-carers This webpage looks at the reasons behind why people self-harm, and offers advice about what to do to help.

MIND www.mind.org.uk This website provides information, advice, and campaigning to promote and protect good mental health for everyone.

BBC www.bbc.co.uk/news/health Both sites provide a wide range of health topics including an extensive section on mental health issues.

Netdoctor www.netdoctor.co.uk Information and online discussion forums on a wide range of health topics including depression.

Mental Health Foundation www.mentalhealth.org.uk Website of the Mental Health Foundation: information, research, resources and an invaluable A-Z of mental health terms.

Stonewall www.stonewall.org.uk Telephone 020 7593 1850 (weekdays 9:30-17:30) This organisation supports all lesbian, gay, bi and trans people to know they are not alone.

Black Women's Health and Family Support www.bwhafs.com Covers black women's health issues, English as a second language and black youth groups.

Muslim Youth Helpline www.myh.org.uk Telephone 0808 808 2008 (weekdays 18:00-00:00 weekends 12:00-00:00) text 07860 022 811 email help@myh.org.uk Offers support to young Muslim's in distress.

Shanti project www.aquarius.org.uk is a community led and integrated project delivered in partnership with organisations across Birmingham Punjabi Sikh Community in relation to substance misuse. They offer a free and confidential service. Text 07595 020887. Telephone 0121 450 9650.

Papyrus prevention of young suicide www.papyrus-uk.org have a range of resources including leaflets on coping with exams. HopeLine UK is a free service, weekdays 10:00-22:00 or weekends

14:00-22:00. The people at the end of the phone are professionals who will try to help you deal with your feelings. They can also give advice if you are worried about someone else.

Anna Freud National Centre for Children and Families www.annafreud.org for advice and guidance for parents and carers to talk about mental health with young people.

Young Minds Parent Helpline 0808 802 5544

***Why are they so weird?* Barbara Strauch** – a book that really explains what happens to children’s brains when they reach adolescence. Hormones play their part but new studies show there is substantial rewiring taking place, particularly in the frontal cortex, the part of the brain that governs logic and emotions.

***Living with a Black Dog* Matthew & Ainsley Johnstone** – millions of people suffer from depression at some point in their lives. This is a must have guide for the parents, families and friends of people suffering from depression and includes practical advice about recognising the symptoms and how to manage the black dog.

***The Little Book of Mental Health – a practical guide for Everyday Emotional Wellbeing* Compiled by Alison Sedgwick-Taylor** – useful tips on managing anxiety or depression etc. – managing these problems and advice about when and where to seek further help.

***The 7 Habits of Highly Effective Teenagers* Sean Covey** – a guide to making teenage years happy and successful; entertaining, straight talking and practical.

***The Parent's Guide to Self-Harm: What every parent needs to know.* Jane Smith.** The first book on self-harm written for parents by parents. Full of the real-life experiences of other parents who have been there, this is a practical book that will both inform and equip you to help your child and yourself through this difficult time.

***A Short Introduction to Understanding and Supporting Children and Young People Who Self-Harm.* Carol Fitzpatrick.** This book aims to show parents, carers and professionals how they can support young people through these difficult times, as well as how to find specialist professional help. The author uses an easy-to-read, jargon free and positive approach to tackle the stigma attached to self-harm and suicidal behaviour.

Books for young people

***Stuff that sucks. Accepting what you can’t change and committing to what you can.* Ben Sedley.** This book can help you deal with the stuff that sucks by helping you to accept your thoughts and emotions instead of struggling against them.

***Stress management for teens workbook. Stress and anxiety reduction techniques for teens.* Lisa Coleman.** Find out how to cope with the various moods, how to manage those difficult moments and what to do to relax, reduce and relieve stress.

***The Teenage Guide to Stress.* Nicola Morgan.** This book examines changing bodies, social media, bullying, exams, relationships etc and provides strategies for healthy minds and bodies.

***The stress reduction workbook for teens.* Gina M Biegel.** Mindfulness skills to help you deal with stress.

***The self-esteem workbook for teens.* Lisa M Schab.** Activities to help you build confidence and achieve your goals.

Appendix B – procedures whilst students are learning remotely

1. If a member of staff is notified by a student that a friend is self-harming, thank them for sharing the information and explain that you cannot promise confidentiality.
2. Inform the DSL via CPOMS and email.
3. If the student has not previously been identified as vulnerable, the DSL will ring parents to inform them that there is a cause for concern. The DSL will ask to speak to the young person and ask them to verify the information received.
4. The DSL will inform the young person that they will need to inform their parent in order to ensure that they are not at risk.
5. The DSL will inform the young person of the support that is available both externally and also through school staff.
6. The DSL will then inform the parent of the nature of the self-harm and will email them this policy and recommend a GP appointment.
 - **If the student is known to the Pastoral Team** at step 3 above, the DSL will contact the Pastoral Leader and discuss who will contact home based on knowledge of the family.
 - Step 4-6 will be followed and the Pastoral Leader will continue to work with the young person.

If, during lockdown, following the steps above will result in putting the young person at risk of greater harm, the DSL and Pastoral Leader will liaise directly with the young person via email or parent telephone or a regular basis. The aim will be to encourage the young person to inform their parent in order for School to gain consent for a CAMHS referral.

Further advice can be sought through Birmingham Community Healthcare (BCHC). BCHC are accepting new referrals and all are being triaged. Clinical contact will continue via the telephone where possible. If this is not possible, referrals are being added to the waiting list until it is safe to resume normal face to face contacts.

The Birmingham School Health Support Service (BSHSS) are still available for support and advice. They can be contacted on 0121 245 5750 BCHNT.southcentralsnteam@nhs.net Team Leader: Christine Roberts.

Students can also use the ChatHealth Text Service 07480 635485. During COVID-19 parents are also able to text this number to seek support.