

Self-Harm

Guidelines and resources for schools to help support students who self-harm or are at risk of engaging in self-harming behaviour in West Sussex

Created by Public Health, West Sussex County Council
From Cornwall's Managing self-harm guidance and tool kit



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Introduction

Welcome to the self-harm guidance and tool kit for schools in West Sussex. This guidance was created with the latest information and resources to help you recognise the signs, identify risks and access the support available. This guidance is for anyone working in education, to support staff when dealing with students who self-harm, or are at risk of intentionally harming themselves.

The number of children and young people who self-harm is increasing. In 2018 the Good Childhood Report¹ looked into self-harm in children, and uncovered some facts and statistics that show the issue is more common than many people may imagine. Of the more than 11,000 14-year-olds surveyed in the Millenium Cohort Study, 16% reported they had self-harmed in the last year. Making it one in 6 young people self-harming in 2018.

A recent rapid needs analysis on self-harm in West Sussex identified young people and younger aged groups as high risk, some of the risk factors included poor mental health, people who identify as LGBTQI, low familial socio-economic and/or education status and looked after children.

In 2018/2019 self-harm was one of the top three topics on ChildLine's website message board with 45% of all counselling sessions related to emotional health and wellbeing including self-harm

These guidelines aim to share good practice and empower schools to help children and young people who self-harm and the parents/carers and staff who support them. It will also help to explain the roles of other teams and services that provide universal, specific and targeted support.

It is not a definitive guide and does not replace official guidance issued by professional bodies or government policy, but provides a clear starting point for easy reference.

With thanks to Kernow CCG and Cornwall County Council for allowing us to adapt and localise the highly recognised 'Managing self-harm' guidance and toolkit for schools in Cornwall and the Isles of Scilly.

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What is self-harm?



Common methods of self-harm

- Cutting themselves
- Poisoning themselves
- Over-eating or under-eating
- Exercising excessively
- Biting themselves
- Picking or scratching at their skin
- Burning themselves
- Inserting objects into their body
- Hitting themselves off walls/hard surfaces
- Misusing alcohol, prescription and drugs
- Pulling out hair
- Having unsafe sex
- Getting into fights
- Secretive behaviour

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.

The National Institute for Clinical Excellence describes self-harm as “*Intentional self-poisoning or injury, irrespective of the apparent purpose of the act*”² NICE 2004

Self-harm may be a response to strong feelings and distressing experiences, which are hard to deal with. Adolescents who self-harm describe feelings of powerlessness, despair and say that they turn to self-harm to release powerful and frightening emotions, relieve unbearable tension or gain a fleeting sense of control.³ Some young people harm themselves in less obvious, but still serious ways such as taking drugs, having unsafe sex, or binge drinking. Some simply starve themselves.⁴ Watching out for secretive behaviour, or routines which may in fact be their ritual or trigger usually a sign that something is wrong in the life of that young person⁵.

It can feel to other people that these things are done calmly and deliberately - almost clinically, but we know that someone who self-harms is usually in a state of high emotion, distress and unbearable inner turmoil.

What is self-harm? (2)

Some people plan to self-harm in advance, for others, it happens on the spur of the moment. Some people self-harm only once or twice, but others self-harm regularly - it can be hard to stop. For many children and young people self-harm is a way to communicate emotional distress.

Self-harm is one way of communicating high levels of distress and is often an expression of the need for strong and often poorly understood feelings to be validated, accepted, understood and attended to. Self-harm may also be an expression of unmet needs and longings, which cannot be put into words and is a way of calling out to others to understand and address these needs. It's important to understand what these needs are and how they might be met.

It is important to remember that the needs are legitimate, but the young person may need help to find more functional ways to communicate, in order to secure appropriate support. It may be that there is a problem at home, an issue of bullying, marked relationship difficulties, or overwhelming feelings that are misunderstood. The young person may feel that no one is listening to them or hearing them, and so develops more remarkable ways of communicating their distress.

Who self-harms and what are the risks?

There is not one type of person who self-harms.

Some groups are more vulnerable than others, but each case is individual. We know that there are factors that contribute to the risk of self-harm ⁶

These include:

- Attempted suicide or self-harm by a family member.
- Low self-esteem; marked relationship difficulties.
- Mental health problems such as depression and anxiety.
- Marked family conflict (parental conflict; domestic violence; parental mental health problems or periods in local authority care).
- On-going marked family relationship problems.
- Past or present physical or sexual abuse, neglect or trauma.
- Other members of the family self-harming may act as models of self-harm.
- Bullying, including cyber bullying and homophobic bullying.
- Children and young people who experience poor emotion regulation and have ineffective emotional regulation coping strategies. This may be linked to 'insecure early relationships'

Sometimes none of these risk factors are present. Some young people who harm themselves may appear well and from highly supportive backgrounds; they suffer internally and resort to harming themselves as a means of coping with whatever it is, they are struggling with. Sometimes groups of young people can influence each other discussing or sharing images of self-harm. When this happens, it is sometimes referred to as 'contagion'.

The reality is that:

- Boys are affected by self-harm as well as girls but are less likely to tell anyone about it.
- It's not always easy for a young person to stop self-harming behaviour.
- Young people from all walks of life can be affected by self-harm, regardless of their social or ethnic background.

A West Sussex young person recently described their emotions around self-harming as:

"Avoidance of life. The Unknown. Fear of the next steps. Control."

Is there a link between self-harm and suicide?

People often think that self-harm is closely linked to suicide. The vast majority of people who self-harm are not trying to kill themselves - rather they have some hope that by communicating their distress something will be understood and someone will help them. It is a way of coping with strong and painful feelings and circumstances. However, it is not always clear from the severity of the self-harm what the intention of the young person is. If you discover that someone is self-harming, it gives you a real opportunity to help them deal with the underlying problems they are wrestling with. It is important that you explore with them what their intentions are (Appendix 2,7), and what it is that cannot be tolerated, with the support of more healthy coping skills.



In rare circumstances the internal distress becomes so great that self-harming becomes increasingly dangerous and can become a real threat to life; or the way in which the young person harms themselves becomes more dangerous - either by accident or intent. This of course requires close monitoring. For information on training courses in West Sussex that deal with mental health and suicide visit <https://www.westsussexmind.org/training-courses/online-training> or visit <https://www.zerosuicidealliance.com/about> for a free online E-Learning suicide prevention training.

“My self-harm was being bulimic. I felt agitated, uncomfortable and uneasy around other people before purging food. After, I'd feel more calm and in control. Everything was a ritual around food. To eat, distract my family and secretly go purge to find a temporary happiness. It was all ritualistic. The more anxious I felt, the more triggered I'd become and the more intense the impulse would feel to be sick.”

*“Fleeting - euphoric - obsession - chasing feeling of infinite happiness to diminish pain and anguish in my head. Control, but it was never my friend and it's words were all twisted.” –
West Sussex YP*

Why do young people self-harm?

There are many reasons why young people resort to self-harm as a means of managing strong and painful feelings. A young person may self-harm because:

- It is a way of dealing with intense, painful feelings and provides a sense of relief afterwards. The strong feeling of relief (and the power of overcoming pain) may be a powerful driver to repeat self-harming.
- It is a way to communicate their distress, especially for young people who lack other routes to express themselves and to have this distress understood, accepted and attended to.
- It may be a way of exacting retaliation or punishment on those close to them, when they are left feeling hurt or unable to resolve negative feelings about others –especially if they feel that others are responsible for their distress. This process may operate unconsciously.
- It can be a way to influence or control others and it may, on occasion, be used to elicit care, affection or confirm love from those close to them. Young people with limited resources for controlling their environments can use self-harm to influence the feelings and actions of others.

“The control she feels becomes 'Out of control'. She thrived on the attention and what she believed to be amazing love on a different level” – West Sussex Parent

The reasons for self-harm among young people include the following factors:

- Some young people have a long history of not knowing how to regulate their own strong feelings – especially those feelings which they find internally threatening, distressing, difficult, overwhelming or shameful. Self-harm offers a means of regulating emotions, which affords a temporary sense of release, relief and control.
- Some young people have not developed healthy ways of calming and soothing themselves when faced with strong emotions. Other young people may find they cannot rely on the help and support of friends and family when they are distressed, or they may not know how to communicate their strong feelings to friends and family.
- Some young people feel they have very little control over their circumstances, and this leaves them with limited ways of expressing their frustrations and powerful feelings. Self-harm offers these young people a sense of control.
- Self-harm is also linked to other mental health problems in childhood and adolescence, such as anxiety and depression.
- It is more common among young people who live in families characterised by conflict, domestic violence, parental mental ill health including parents who self-harm and insecure early relationships, built upon lack of sensitive and consistent parenting

Why might a young person self-harm to cope?

As well as the risk factors noted above, self-harm is primarily a way to cope with feelings that are so distressing that no alternatives are thought to be helpful. Young people say that self-harm works for them in the following ways:

Comfort

Self-harm may be experienced as soothing and comforting by some young people. This may come about from the release of tension, but also by providing an opportunity to seek care and nurture from others. This is particularly important for young people with poor self-regulation skills.

Communication

Self-harm is primarily a means of regulating feelings rather than gaining a response from others. However, self-injury may also be a means of communicating distress without using words

Control

Some young people explain that they feel the need for control in their lives (which is characterised with a lack of control). Self-harm can be seen in terms of gaining control because they can control the injuries to their own bodies. Determining the nature, site, timing and severity of harm to the body is a way of staking claim to one's own body.

Distraction

Self-harm can provide a distraction from the unbearable emotional pain they feel inside.

Feeling alive or real

Sometimes young people's real-life experiences leave them feeling numb or unreal. Hurting their body may be experienced as a way of breaking through these feelings and experiencing something that makes them feel alive and real again.

Release of feelings

By hurting themselves, young people report they are able to release feelings that feel unbearable when held inside.

Self-punishing

Some young people carry feelings of shame, low self-esteem and self-blame. These feelings become so hard to bear that some young people harm themselves as a punishment and they may not realise that this is why they self-harm

Spotting the warning signs

Self-harm may begin in response to a range of issues (see the risks on page 5, including the following:

- Family relationship difficulties.
- Difficulties with peer relationships.
- The break-up of a relationship.
- Significant trauma (including bereavement, abuse and neglect).
- Self-harm behaviours in other people (contagion effect).
- Self-harm portrayed or reported in the media.
- Difficult time of year (anniversaries and stressful academic times).
- Trouble in school or with the police.
- Feeling under great pressure from school, families, friends or peers.
- Exam pressure.
- Times of stress and change (e.g. parental separation/divorce)
- Bullying
- Cyberbullying - Cyberbullying is bullying that takes place online. Online bullying can follow the child wherever they go, via social networks, gaming and mobile phone. Click the link to find out what cyberbullying can include <https://www.nspcc.org.uk/what-is-child-abuse/types-of-abuse/bullying-and-cyberbullying/>

Things to look out for include:

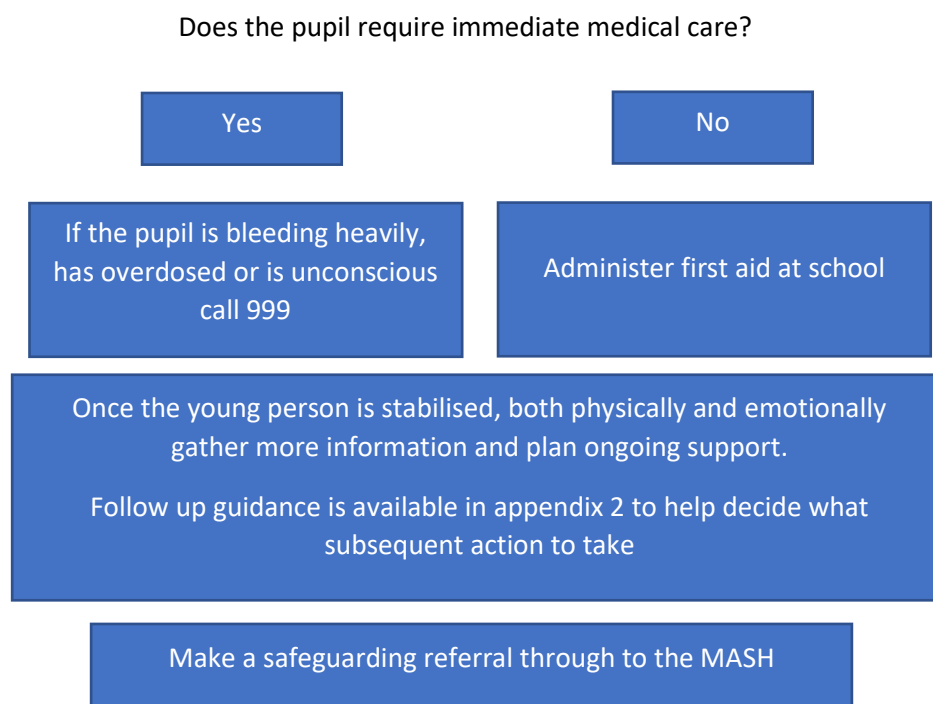
- Changes in eating and sleeping habits
- Wearing heavy clothes, even in the winter
- Poor level of school attendance
- Increased isolation from school friends and family
- Giving away possessions
- Talking about self-harming or suicide
- Drug and alcohol misuse
- Appear more distressed
- Expressing feelings of failure, uselessness or loss of hope
- Risk taking behaviour
- Lowering of school or college grades

Responding to self-harm in schools

In primary schools it is recommended that self-harm is specifically referenced in the school's safeguarding policy. International evidence and research show that self-harm becomes more prevalent in the teenage years. As such, it is recommended that in addition to being referenced in the school's safeguarding policy, secondary schools should also have a separate and specific self-harm policy, which contains the protocol of how to deal with self-harm in school.

It will need to include how and when a pupil's parents/carers are informed, which staff are informed, and how to support staff dealing with incidents of self-harm. There needs to be a designated member of staff to manage and co-ordinate the school's response to self-harm. This will usually be the designated safeguarding lead, but just because this person is the lead, it does not mean they have to be the person who takes immediate action when a child self-harms or discloses self-harm.

The immediate intervention flowchart offers guidance on what actions to take. If you are the designated safeguarding lead, staff may refer cases of self-harm to you to lead on and deal with. After the initial incident and once you are happy that the young person is safe, both physically and emotionally (for example, that wounds have been attended to), you will need to gather more information and plan ongoing support for the young person.



Things to remember

Anyone, from any walk of life or age, can self-harm including young children. Self-harm is most common in young people aged 11-25 years old

Self-harm affects people from all family backgrounds, religious, cultural and demographic groups

People who self-harm keep it to themselves for a very long time, which means opening up to anyone about it can be difficult

You can't tell someone who self-harms to simply stop – it isn't that easy!

Self-harm affects all genders, some may harm themselves in different ways

Recovery is different with everyone!

Advice for staff when students tell them they've been self-harming

Listen to the pupil and seek to understand the situation from their point of view in a non-judgemental, respectful and empathic way. Show that you take the young person's feelings seriously and that you understand their experience.

Validate the young person's feelings and try to understand their experience.

If your school has an onsite trained professional (for example a school nurse or counsellor), you may be able to put the pupil in touch with them as a first step to getting additional support. Advice and referral can also be gained from community mental health liaison service and the Educational Psychology Service or the school nurse.

Be aware that supporting young people who harm themselves may evoke feelings of anxiety, frustration, repulsion, bewilderment and helplessness. It is important not to convey these feelings to the young person.

Learn about self-harming behaviour and the difference between suicide and self-harm.

It is important to ensure the safety of the student and keeping them in a safe place at school is part of this. Sending them home is unlikely to ensure safety.

Encourage all school staff to attend training in self-harm to support their understanding and capacity to respond to self-harm inappropriate ways.

Remember that if someone tells you that they self-harm, it could be a sign that they trust you and are willing to share this very personal problem with you. Respond to this trust in a thoughtful and reflective way.

Self-harm is not the only way for people to deal with emotional distress, encourage the pupil to seek alternative methods of coping. However, do not expect them to be able to stop self-harming or develop new coping strategies immediately.

Be aware that social media is sometimes used by young people to enquire about ways to self-harm or to discuss and share details or images of their self-harming with their peers.

It is important to have some understanding of the risk presented, and access to guidance on assessing risk in schools

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 (see Appendix 8). Factors that increase the risk⁷

Where a child is of primary school age and presents with self-harming behaviour, please consult with the designated safeguarding lead, as a referral to the Multi Agency Safeguarding Hub (MASH) or Early Help Hub (EH) should be considered.

The following risk factors and behaviours should be considered when assessing 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.

Unless a child or young person is in obvious emotional crisis, kind and calm attention to ensure that any immediate physical wounds are treated (by an appropriate member of staff) should precede additional conversations with them about the non-physical aspects of self-harm.



Responding to self-harm

If the child or 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.

Questions of value in assessing severity of the injury include⁸:

- Where on your body do you usually self-harm?
- What do you normally 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?

When in doubt or if concerned, seek medical attention.

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-risk methods that threaten life; younger age; parental mental health problems and/or; students who are experiencing chronic internal or external stress with few positive supports of coping skills.

These risks 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 there is any doubt about risk, it is important to discuss with the safeguarding lead, community mental health liaison team (CMHLT), or the educational psychology service.

- Where a child or parent is unwilling to engage with support services, a referral to the Early Help Hub or the MASH (multiagency safeguarding) should be considered, as refusal to engage may constitute a safeguarding issue.
- After assessing immediate risk, gaining further information from the child or 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 child or young person has experienced or is at risk of experiencing significant harm then it is necessary to follow your organisation's child protection procedure.

*"You shouldn't be ashamed of who you are. That was something the workers told me."
Young Person*

If there are concerns about self-harm in a primary school, it is important for the children to know about issues of confidentiality and how these will be dealt with. Secondary school pupils must also be aware of the school's self-harm policy, especially issues of confidentiality, and what to expect if they disclose self-harm to a teacher or member of staff. Confidentiality will, no doubt, be a key concern for pupils, and they need to know that staff will respect their right to privacy; with all of the exceptions fully explained to them. For example, if the young person is considered to be a risk to themselves or others, then this information will be shared with the school's safeguarding lead and may be shared with other agencies, such as the MASH. Issues of confidentiality are likely to be of great concern to the young person and will need to be discussed fully and clearly (see Appendix 9).

It can be very challenging to decide whether to break a young person's confidentiality and disclose self-harm to their parents or to other important adults in a young person's life. Nevertheless, a young person who is hurting themselves is often struggling to manage intense distress without enough support or is struggling to communicate this distress. Very often, a reluctant young person can be helped to tell (or let you tell) their parents what has been happening.

When this is not the case, there are no hard and fast rules, but ask yourself the following questions:

1. Will you put the young person at greater risk by telling their parents? If you are concerned about the safety of the young person, you must discuss the issues with your school's safeguarding colleagues and social care colleagues (via MASH).
2. What is the young person's family situation? It is important to remember that if you do disclose, give a young person as much control as possible over the process. For example, do they want to tell their parents themselves, do they want to be present when you talk to them? Ensure that you follow up with the young person after this conversation to check the impact and outcome of this conversation on them.

Talking to children and young people about self-harm



Every child or young person is an individual and their experience of self-harm is going to be unique. Talking about self-harm is not easy. The language, wording, choice of questions asked and the general approach to the conversation may need to be adjusted according to the age and understanding, capacity and special educational needs of the child or young person. For example, an older student may prefer a more direct or upfront approach. The level of detail asked may need to be adjusted according to the situation and this may take place across several conversations.

Conversation Prompts

Confidentiality	"I appreciate that you may tell me this in confidence, but it's 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."
Starting the conversation/ establishing rapport	"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 - for example: "Can I just check with you that I have understood that correctly?"
The nature of the self-harm	<ul style="list-style-type: none"> • "Where on your body do you usually self-harm?" • "What are you using to self-harm?" • "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?"
Reasons for self-harm	"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? Can you tell me a little more?" For example, peer relationships, bullying, exam pressure, difficulties at home, relationship break-up or substance misuse or abuse.
Coping strategies and support	<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 or going for a walk?" • "I can see that things feel very difficult for you at the moment and I'm glad that you have felt able to talk to me. Is there anyone else that you have found helpful to talk to before or is there anyone 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?"
Speaking with parents (where appropriate)	"I understand that it feels really hard to think about telling your parents, but I am really 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?"
Ongoing support	"Why don't we write down a plan that we have agreed together, then you will always 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".

Do's & Don'ts for speaking to Children and young people about self-harm

Do

Listen and care. This is the most important thing you can do. It might not seem much but showing that you want to know and understand can make a lot of difference. They may find it more helpful if you focus on their feelings and this shows that you understand that, at that time, self-harm works for them when nothing else can.

- **Accept mixed feelings.** They might hate their self-harm, even though they might need it. It helps if you accept all of these changing and conflicting feelings.
- **Help them find further support.** They may need help in addition to what you can give - you can support and encourage them in finding this.
- **Show concern for their injuries.** If the person shows you a fresh injury offer the appropriate help in the same way as if it was an accident. Don't overreact just because it is self-inflicted.
- **Voice any concerns you have.** Make sure you also listen to their feelings about what they want to happen. Work out together a way of taking care of their health and safety.
- **Recognise how hard it may be for them to talk to you.** It may take a lot of courage for them to discuss their self-harm and feelings and it may be difficult for them to put things into words. Gentle, patient encouragement can help.
- **Help them find alternatives to self-harm.**

Don't

Tell them off (e.g. this behaviour is wrong') or punish them in some way. This can make the person feel even worse, so could lead to more self-injury.

- **Blame them for your shock and/or upset.** You have a right to feel these things, but it will not help if you make them feel guilty about it.
- **Jump in with assumptions about why they are self-harming.** Different people have different reasons and it's best to let them tell you why they do it.
- **Avoid talking about self-harm.** It won't make it go away but will leave them feeling very alone.
- **Try to force them to stop self-harming.** Doing things like hiding razor blades or constantly watching them doesn't work and is likely to lead to harming in secret which can be more dangerous.
- **Ask them to promise not to self-harm.** This will not work but is likely to put a lot of emotional pressure and can set them up to feel guilty.
- **Treat them as mad or incapable.** This takes away their self-respect and ignores their capabilities and strengths.
- **Panic and overreact.** This can be very frightening for the person. It is better to try and stay calm and take time to discuss with them what they would like you to do for them or the next steps they'd like to take.

"The one thing that always helps if I'm feeling really bad is to be around someone that I trust. I may look bad and not be very talkative – but just being around someone who doesn't question my odd behaviour and lets me be around them without talking or expectations helps" – The truth about self-harm; Mentalhealth.org

Distraction and coping techniques

Some young people find it helpful to develop a list of alternatives to their self-harm. Young people have said that their most successful alternatives include:

Calming/stress relief/distraction

- Going for a walk.
- Listening to sound.
- Creating something –drawing, music, writing, cooking, sculpture, crafts.
- Keeping a diary.
- Stroking or caring for a pet.
- Watching TV or a movie.
- Getting in touch with a friend.
- Listening to soothing music.
- Having a relaxing bath.
- Breathing exercises.
- Plan an activity or trip (such as volunteering or going to the cinema or park).
- Looking at self-help websites.

Releasing or managing emotions

- Clenching ice cube until it melts.
- Snapping an elastic band against the wrist.
- Drawing on the skin with a red pen instead of cutting.
- Sports or exercise.
- Using a punch bag/ punch pillow to vent anger and frustration.
- Listening to or creating loud music.
- Writing down thoughts and feelings on paper and possibly ripping them up.
- Tearing up a newspaper.
- Repetitive counting or writing.
- Sing or shout (loudly).

Try to plan something you enjoy which is good for you into your day. This could be either an hour cycling, drawing or seeing a friend, doing such things daily can often distract your need to self-harm and change the focus into something positive for each part of the day

To find more distraction and coping techniques there are online resources available including:

<http://www.nshn.co.uk/downloads/Distractions.pdf> – Distraction techniques

<https://www.childline.org.uk/info-advice/your-feelings/self-harm/self-harm-coping-techniques/> - self-harm coping techniques

Below are a few self-help websites

<http://www.harmless.org.uk/> - User led organisation that provides a range of services about self-harm including support, information, training and consultancy to people who self-harm, their friends, families and professionals.

<http://www.nshn.co.uk/> - Survivor led organisation, aims to bridge the gulf in understanding and to campaign for the rights of those who live with self-harm. Leaflets have been produced for those who self-injure and health care professionals.

<https://www.lifesigns.org.uk/> - Self Injury guidance and network support



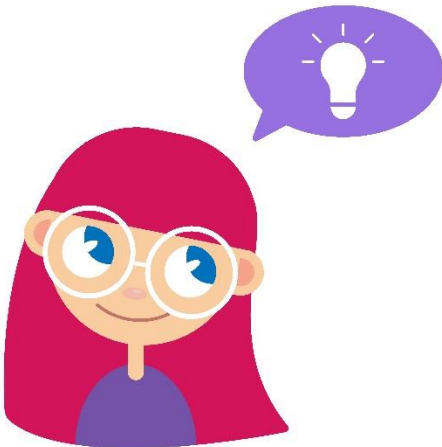
Did you know?

ELSA provide a traffic light tool kit for emotional regulation – go on their website to find out more <https://www.elsa-support.co.uk/downloads/item-83-calming-traffic-light/>

Other factors to consider

Should we encourage students to cover up visible scars, cuts or burns?

Some teachers may worry about other children/young people being distressed or influenced by another child or young person's scars. The decision whether to cover up scars or not should be led by the child or young person; unless covering up is required from a first aid or medical/safety point of view.



What does 'safe-harm' mean?

Staff may come across the concept of 'safe-harm' or 'harm minimisation' where children or young people may have been given advice on how to self-harm in a safer manner, e.g. using clean blades with advice not to share blades⁹. Though this is a recognised concept it should only be introduced to, or discussed with, the child or young person by an experienced clinician or specialist.

Ongoing support and documentation

Guidance on risk management is available in Appendix 8. In addition, a template letter (Appendix 4) to parents

following the self-harm meeting and a self-harm incident reporting form has been included (Appendix 7).

Does this guidance apply to children and young people with special educational needs and/or disabilities?

The advice in this pack is likely to need adjusting according to the individual child or young person with special educational needs and/or disability (SEND) who are self-harming. In addition to the possible reasons for self-harm listed earlier, there may be other reasons why some children or young people with SEND self-harm. Some children/young people with severe learning disabilities may self-harm as a way of expressing pain from an underlying medical problem, e.g. pain from an infection may be expressed by hitting the ear¹⁰. It is difficult to cover the broad range of individual needs in this document however generally speaking, where the child/young person with SEND is self-harming, staff should consider:

- Informing and seeking advice from the educational psychology service, community mental health liaison service or relevant SEND specialist.
- Reviewing the child's educational health and care plan for advice.
- Seeking medical advice.
- In all cases, inform the designated safeguarding lead.

In relation to the needs of children with SEND it is very important to communicate effectively among professionals to understand the needs of the young person, whilst applying the key principles of helping young people who self-harm.

Roles and responsibilities within the school

CEO Headteacher Head of School	<ul style="list-style-type: none">• Play a central role in developing positive mental health strategies in schools. They should recognise the need to develop whole school awareness of mental health and emotional health issues, including self-harm, and be supported to do so.• Making sure self-harm training is a priority for staff alongside other mandatory training. The support for training is crucial to enable staff to feel confident in supporting young people in effective, non-judgemental and respectful ways.• In collaboration with the Trust or Governing Body, develop and implement a school self-harm policy using the guidance provided.• Ensure staff, parents and pupils are aware of their roles and responsibilities when implementing the policy across the school.• Appoint one or more fully trained designated member of staff to be responsible for all incidents relating to self-harm.• Ensure that all designated staff receive full and appropriate training regarding self-harm and are fully confident with the procedures to follow.• Provide practical and emotional support for key staff dealing with self-harm.• Ensure that all staff including teaching assistants, laboratory technicians and other non-teaching staff are made aware of and understand the self-harm policy.• In line with standard safeguarding procedures, ensure that good practices are in place for record keeping, audit and evaluation of all activities in relation to self-harm in the school.
Trust Board Governing body	<ul style="list-style-type: none">• Provide pupils with open access to information about self-harm and details of who to go to for help and support.• Decide, in collaboration with the school's senior leadership team, how awareness and understanding of self-harm should be promoted. This includes self-harm being covered in the school RSHE E4S (Appendix 12) curriculum, extra-curricular presentation for parents and training for all school staff.• Consider issues of parental consent and whether parents/carers or guardians should be invited to learn more about self-harm.• Review special permissions for pupils who self-harm, for example, 'time out' of the classroom during emotional distress and permission to wear long sleeves for sports.• Support the development of procedural policy for self-harm incidents occurring at school.• Encourage pupils to go to a key worker at times of emotional distress, rather than resorting to self-harm in school.• Be clear about what behaviour cannot be accepted and ensure that all pupils are aware and understand the guidance (examples include self-harming in front of other pupils or threats to self-harm as bargaining, may be deemed by the school as unacceptable).

Roles and responsibilities within the school (2)

All staff and teachers	<ul style="list-style-type: none">• Review all self-harm guidance and policy documents, alongside safeguarding policy documents, and be aware of guidance on communication processes.• Make it known to pupils that you are available to listen to them.• Remain calm, respectful, sensitive and non-judgemental at times of student distress.• Do not adopt a dismissive or belittling attitude in relation to the reasons for a student's distress.• Encourage pupils to be open with you and assure them that they can get the help they need, if they are able to talk.• Endeavour to enable pupils to feel in control by asking what they would like to happen and what help they feel they need• Do not make promises you can't keep, especially regarding issues of confidentiality.• Discuss and promote healthy coping mechanisms and suggest ways in which pupils can be empowered to make positive changes in their lives.• Provide and encourage access to external help and support where possible.• Monitor the reactions of other pupils, who know about the self-harm.• Avoid asking a pupil to show you their scars or describe their self-harm.• Avoid simply telling a pupil to stop self-harming - you may be removing the only coping mechanism they have.• Discuss an incident or disclosure of self-harm with a designated member of staff as soon as you become aware of the problem and inform the pupil that you are doing this.
Designated staff member(s)	<ul style="list-style-type: none">• Implement the self-harm policy, communicate with each other and report back to the head teacher at each stage of the process• Maintain up-to-date records of pupils experiencing self-harm, incidents and all other concerns surrounding the issue.• Communicate with the head teacher and other key staff on a regular basis and keep them informed of all incidents and developments.• Working with RSHE colleagues to ensure core universal curriculum provision.• Monitor the help, support and progress of the students in your care and maintain communication with them.• Be fully confident in the understanding of self-harm and seek additional information and/or training if necessary. You may need to reflect upon and update your practice in relation to those who self-harm.• Contact other organisations and key services in your area and find out what help and support is available for pupils who self-harm.• Liaise with the head teacher and pupil to decide if any other members of staff who have contact with the pupil should be made aware of the self-harm and underlying concerns. Whenever possible adhere to the principle of the 'need to know' principle.• Ensure that all first aiders are well informed about self-harm.• Inform the pupil's parents if appropriate and liaise with them as to how best manage the situation.• Be aware of when it is essential for other professional bodies to be informed, such as social services, educational psychologists, GP, community mental health liaison team, CAMHS.• Report any mention of suicidal feelings or behaviour as a matter of urgency.• Take care of your own emotional well-being and seek support as and when is necessary.

Pupils

- Access to leaflets and guidance about self-harm, including guidance for young people, which clearly sets out their rights and what they should expect when they disclose self-harm to professional staff.
- When talking to family, teachers or friends about self-harm, focus on the emotional reasons behind distress and not just on the self-harm itself.
- Avoid talking graphically about injuries to other pupils or describing the methods used.
- Never encourage anyone to self-harm.
- When under emotional distress or feeling the urge to self-injure at school, talk to a teacher or staff member as soon as possible.
- Discuss additional support they need while going through emotional distress.
- Be aware that teachers and designated self-harm staff are there to help. The more pupils talk to them, the better able they will be to give the support and help needed. As with all cases where safety is at risk, and a teacher is concerned in a serious way about safety or wellbeing, he/she may have to break confidentiality for the pupil's own safety.
- If a pupil is worried that a friend may be self-harming, they should talk to a teacher for support and guidance.
- If a pupil is concerned that a friend may be suicidal, or has mentioned suicide, they should alert a teacher straight away.

Parents

- Understand and endorse the school's self-harm policy.
- Educate themselves about self-harm and discuss the subject with their child.
- If a child is self-harming, parents should work closely with the school and take an active role in deciding the best course of action.
- Keep the school informed of any incidents outside of school that they feel the school should know about.
- Take care of themselves and seek emotional support they need in dealing with a child's self-harm.





Primary school

Self-harm guidance for primary schools

Previously, research focused upon self-harm among secondary school aged children, because it was wrongly thought that this issue did not affect younger children. It is now recognised that children as young as five years can harm themselves. The NSPCC, who run Childline, report that they now have children as young as seven seeking help. Although it is still uncommon for younger children to harm themselves, the numbers are increasing and significant, including those treated in A&E. The rising numbers of teenagers who are treated in A&E each year with serious self-inflicted injuries is well documented. It is only more recently that there is recognition that life can be so distressing for our younger and most vulnerable children that they harm themselves. Self-injuring can significantly impact a child's education, relationships and social functioning.

"I've got all this pain in my stomach and I get really angry and stuff. And... it makes me want to punch somebody. But if I do that I'll get in trouble. So, I hit my head instead... on something hard like a wall. I'm not good at stuff. I can't do all the work. But I don't like it when they make me stay after school. So, I hit my head harder and harder until I get a really bad headache. It hurts. I don't tell anyone else. Only you"
Luke, a nine-year-old boy who self-harms

Primary school aged children may experience high levels of emotional distress, including strong and negative feelings that they are unable to process or communicate. Under these conditions they may harm themselves as an outlet and release of strong feelings. In addition, they may have low self-esteem, feel depressed or anxious, feel ashamed or guilty about something in their lives, experience loneliness or lack of control, or even feel numb. They are also more likely to have fewer friends and have conflict in their relationships. The common ways that younger children harm themselves may differ from the ways adopted by teenagers.

What to look out for to recognise younger children experiencing distress

- Being withdrawn, worried or unhappy.
- Low self-esteem and feeling bad about oneself, including high levels of shame.
- Wearing clothing to hide injuries.
- Not participating in activities that require short sleeves.
- High emotional reactivity –becoming suddenly very distressed or angry.
- Unexplained cuts, scratches and bruises.
- Behaviour that can lead to injury or increased risk of injury.
- Relationships with peers that are characterised by conflict
- Poor school attendance.

Self-harm guidance for primary schools (2)

How do younger children harm themselves?

- Biting, hitting or punching themselves.
- Banging their head on a school desk.
- Harming self by jumping off climbing frame, placing themselves in danger.
- Attack themselves rather than expressing their anger or distress directly.
- Act in ways that puts them in danger.
- Scratching or cutting themselves (eg with blade from pencil sharpener).
- Highly prone to having accidents.
- Pulling out hair.

Why do younger children harm themselves?

- Greater levels of stress, unhappiness and insecurity among younger children.
- Conflicted and troubled family relationships.
- Family break-up, separation divorce or bereavement.
- Domestic conflict and violence.
- Domestic abuse and/or neglect.
- Self-harm among other family members.
- Unhappiness and anxiety.
- Belief that life is not worth living.
- Problems in relationships and attachments.
- Bullying.
- Few friends and difficulties with friendships.
- Isolation.
- Limited family support.

Prevention strategies in primary schools

Primary school is a key time to help prevent self-harm, as children are learning how to cope with their emotions. Helping children learn healthy and adaptive ways of coping with stress, build resilience and self-esteem in the early and primary school years helps to promote good mental health for life. Schools are well placed to help promote protective factors that can reduce the risk that children will engage in maladaptive coping strategies such as self-harm.

Responding to self-harm in primary schools

Primary schools might like to use these strategies to reduce the risk of self-harm:

- Support children's social and emotional development and teach effective emotional coping skills (e.g. KidsMatter).
- Build a positive school community that encourages children to seek support when they are distressed.
- Educate school staff to understand self-harm and what may underlie the behaviour.
- Work with families and provide them with information about promoting children's social and emotional learning and understanding self-harm.
- Increase resilience through the curriculum and other school-based activities.
- Provide activities that enable pupils to raise their self-esteem and feelings of self-worth

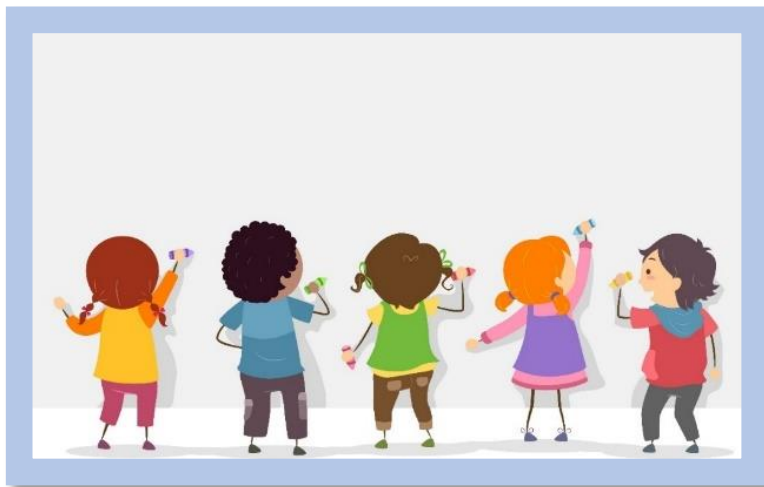
Helping primary school aged children who harm themselves can be very challenging for school staff. Primary school staff report, like their counterparts in secondary schools, that working with children who self-harm may lead them to feel under skilled, have little expert support and have limited understanding of self-harm among children so young¹¹. They also report feeling, scared, shocked, panicked, sad and distressed. Some teachers described feeling out of their depth when working closely with a child who is self-harming. It's not the responsibility of school staff to cope with such incidents on their own. Developing clear and consistent policies around dealing with self-harm will benefit everyone in the school community. This includes identifying external services and professionals who can offer support for the child, family and school staff. School staff who are working with a child who self-harms should refer to the local MASH. Any response will normally include the parents or carers. Working with mental health professionals to address underlying emotional issues can help to ensure children receive the support they need.

The West Sussex E4S universal curriculum is designed to enable you to create a needs-based curriculum for all pupils within the school, with four essential cornerstones embedded within E4S, self-harm/self-injury is covered under the emotional health and wellbeing cornerstone.

Responding to self-harm in primary schools (2)

Strategies to respond to self-harm:

- Non-judgemental and empathic approach.
- Respond calmly and with compassion to children who self-harm.
- Provide first aid for wound care.
- Appoint one or two fully trained staff members to take a lead in responding to all self-harm matters, including a member of the school pastoral team.
- Work collaboratively with families and external mental health support services.
- Provide support and self-care for school staff that have responded to or witnessed self-harm.



What is your school community's current understanding of self-harm and why it occurs?

What are the challenges associated with talking about self-harm with children, families and staff members at your school?

What process does your school have in place to help children to cope with their emotions and deal with stress?

Does your school have policies and processes in place to respond to incidents of self-harming behaviour?

- If so, is everyone in the school community aware of the school policy and procedures that address self-harm? Do staff, students and families know what to do if someone has disclosed that they are self-harming?

How do you support the mental health of all children at the school? This includes children who self-harm, children who witness others self-harming and staff who respond to incidents of self-harm

Is there anything you would like to change about the way your school helps to prevent and address self-harm? If so, how would you go about making those changes?



For Parents

What parents can do if they discover a child is self-harming



- Stay calm and avoid judging your child, even if you are upset. Be supportive.
 - Understand that your child is often self-harming to manage emotions and/or to communicate distress - they may want you to notice the self-harm so that non-verbal communication of distress is received.
 - Listen and talk to your child and try to understand what is prompting the behaviour. Be empathic and non-judgemental.
- Convey to your child that you want to understand their difficulties and support your child to find new ways of coping.
 - Try to remove the temptation of self-harm, if possible, by encouraging your child to avoid situations in which they could self-harm.
 - Help your child think about why they are self-harming by asking if there is anything that can be done about the cause or if something else needs to change to make things better for the child.
 - Make a list of people your child can talk to such as you or your partner, other relatives, a teacher, or friends of the family.
 - Depending on your child's age, encourage talking about feelings; writing them down; drawing them; breathing exercises, or physical activity as a way to relieve stress and anxiety.
 - If your child's behaviour is not changing or if you suspect they might be depressed, ask your doctor for advice. Depression and anxiety can be treated in many ways.

If you are struggling to start a conversation with your child or young person access the young minds conversation prompts documents here

https://youngminds.org.uk/media/1712/young-minds-conversation-starters_final-003.pdf

For more information on supporting a child or young person who is self-harming access the link below

<https://youngminds.org.uk/find-help/for-parents/parents-guide-to-support-a-z/parents-guide-to-support-self-harm/>

“My advice would be to never give up on them however severe the self-harm becomes. Don’t push them away, love them even more. Approach with ease, the more you blow up at them the more they’ll want to spiral back to that dark hole and self-harm. Everyone that self-harms are crying out to be saved from the feelings of darkness. Gentle love” – West Sussex Parent



Local service information

Local service information

YES	Helping young people to identify, acknowledge and work through difficulties 11-18 years old	Age 11 to 18 years Self-referral or referral from other agencies Tel: 0330 222 6711 Email: yes@westsussex.gov.uk
Be Okay	Mental Health support for young people 16-25 years old	Age 16 to 25 years Self-referral or referral from other agencies Crawley Tel: 01293 534782 Email: pathfinder.crawley@sussexoakleaf.org.uk Mid Sussex Tel: 01444 416391 Email: pathfinder.mid-sussex@sussexoakleaf.org.uk sussexoakleaf.org.uk/be-ok
West Sussex mind	Mental health Support for younger people 16-25 years old	Age 16 to 25 years Self-referral or referral from other agencies Worthing, Adur & Chanctonbury Tel: 01903 268107 Email: ypsworthing@westsussexmind.org Littlehampton & Bognor Regis Tel: 01903 721893 Email: ypsarun@westsussexmind.org Chichester & Midhurst Tel: 07946 988212 Email: ypschichester@westsussexmind.org westsussexmind.org/mental-health-support/support-for-younger-people
YMCA Dialogue	Community based counselling service 11-18 years old	11 to 18 years old Self referral or referral from other agencies Tel: 07739 893707 Email: community.counselling@ymcadlg.org ymcadlg.org/what-we-do/health-and-wellbeing/ymca-dialogue-counselling-services/community-based-counselling-services
CAMHS	They provide specialist NHS services and support to CYP, families and carers for YP emotional health and wellbeing Up to 18 years old	Under 18 years Referrals from GP, School Nurses, SENCOs, School Counsellors Chichester and Bognor: Mon – Fri 9am to 5pm Tel: 01243 813405 SPNT.ChichesterCAMHS@nhs.net Crawley, Mid Sussex and Horsham: Mon – Fri 9am to 5pm Tel: 0300 304 0021 SPNT.crch@nhs.net Worthing, Adur and Littlehampton: Mon – Sun 9am to 5pm Tel: 01903 286754 SPNT.admin-camhsworthing@nhs.net https://sussexcamhs.nhs.uk/help-support/
CYP Eating disorder service	They work with children, young people and their families to treat eating disorders 10-18 years old	Age 10 to 18 years Referral open to all agencies and self-referral For advice on the service Tel:01444 472670 Email: SPNT.feds@nhs.net https://www.sussexpartnership.nhs.uk/eatingdisorder
Allsorts youth project	Allsorts Youth Project listens to, supports & connects children & young people under 26 who are lesbian, gay, bisexual, trans or unsure (LGBTU+) of their sexual orientation and/or gender identity. They provide youth groups, 1:1 support and advocacy support in Brighton and West Sussex.	Age 11 to 19 years Self referral or referral from other agencies Tel: 01273 721211 Mobile: 07383 106472 Email: westsussex@allsortsyouth.org.uk allsortsyouth.org.uk/young-people Age 11 to 19 years Self-referral or referral from other agencies Tel: 01273 721211 Email: westsussex@allsortsyouth.org.uk allsortsyouth.org.uk/what-we-do/advocacy

If you are concerned about a child or young person and they require crisis support, please do not advise them to attend A&E unless they have a medical issue. Please advise them to call the Sussex Mental Healthline (24/7) – 0300 5000

Local service information (x2)

Winston's Wish	Counselling for CYP who have experienced bereavement in their direct family.	Ages 5 to 18 years plus families Self-referral or referral from other agencies Tel: 08088 020 021 winstonswish.org
CGL – Change grow live	A therapeutic service for children and young adults aged 5-18 years who have been affected by a parent, carer or sibling's substance misuse.	Age 5 to 18 years Self-referral or referral from other agencies Tel: 03003 038677 (option 1) Text: 07392 317151 Email: cyptherapy.wsxdawn@cgl.org.uk changegrowlive.org/children-and-young-peoples-therapeutic-service-west-sussex
Chat Health	school nurse messaging service provides support and advice on any health issues from a school nurse via text.	Age 11 – 18 years YP can Text 07480 635424 Click Here for more information
Life centre– Sexual abuse counselling	Counselling, play and pre-trial therapy for CYP (and supporters) who have experienced sexual abuse	Ages 3 to 18 years Self referral or referral from other agencies Referrals Tel: 01243 786349 Email: info@lifecentre.uk.com Helpline Tel: 0808 8020808 Text: 07717 989022 lifecentre.uk.com/counselling-at-lifecentre/our-work-with-children-young-people/
E- Wellbeing	a website to support children and young people with their mental health across Sussex:	e-wellbeing.co.uk

Anna Freud Centre's booklet on staff well-being <https://www.annafreud.org/what-we-do/schools-in-mind/resources-for-schools/supporting-staff-wellbeing-in-schools/>

Free confidential support line open 24 hours for any staff working in education: 08000 562 561

NHS - contains a short mood assessment questionnaire and a range of audio guides on managing low mood, anxiety, problems sleeping, low confidence and unhelpful thinking. <https://www.nhs.uk/conditions/stress-anxiety-depression/>

St John's Ambulance- Mental Health First Aid <https://www.sja.org.uk/courses/workplace-mental-health-first-aid/>

If you have a safeguarding concern, please contact the Multi-Agency Safeguarding Hub (MASH) - 01403 229900 or Out of Hours 0300 222 6664

Educational Psychology Service: Schools can contact the named EP for their school, use the telephone consultation offer or their school planning meetings. Information regarding the EPS offer and how to contact us can be found on **West Sussex service for schools** website <http://schools.westsussex.gov.uk/Services/3282>

School nursing advice line - The school nurse advice line is available from 9am to 5pm, Monday to Friday (excluding bank holidays). Please call us on 0300 303 1137 or you can use the following emails

Horsham, Worthing & Adur – sc-tr.centralschoolnursing@nhs.net

Crawley and mid Sussex – sc-tr.eastschoolnursing@nhs.net

Arun & Chichester – Sc-tr.westschoolnursing@nhs.net

Community mental health liaison service – CMHL <https://www.sussexpartnership.nhs.uk/west-sussex-cmhl-service>

Sussex Partnership NHS Foundation Trust

Advice and Support for **professionals** working with children and young people under the age of 18 with mild to moderate mental health concerns. The service operates Monday-Friday, 9-6pm and a Professionals Access Point will be in operation between the hours of 12-5pm, Monday-Friday for professionals to call or email when seeking advice about a young person's mental health.

Tel: 0300 304 0304

Email: spnt.cmhlserviceaccesspoint@nhs.net

Coastal West Sussex Mind - FREE In-house training, e-learning and webinars for professionals, parents and carers in West Sussex some of the inhouse training includes:

- Youth mental health first aid
- Real Talk – Talking about suicide with young people
- Anxiety low mood and building resilience

To access online E-Learning training available to both professionals and parents/carers please go directly to <https://www.eventbrite.co.uk/o/west-sussex-mind-8288439768> some of the E-Learning includes:

- Self-harm
- Hidden harm – parental substance abuse
- Eating disorders awareness

Living works START – Learn lifesaving skills with livingworks start.

Interactive virtual learning course for anyone aged 16 or over living or working in West Sussex. <https://www.eventbrite.co.uk/e/living-works-start-suicide-prevention-course-tickets-103312562656>

Emotional Literacy Support Assistants (ELSA)

ELSA is an educational psychology led intervention for promoting the emotional well-being of children and young people.

Participation in the ELSA project involves:

- 6 full days of training over a term in emotional literacy and intervention planning.
- Receiving a published resource 'Emotional Wellbeing: An Introductory Handbook' and full course notes, refreshments and lunch each day.
- Access to half-termly group supervision sessions delivered by an Educational Psychologist which is vital to provide ongoing support for the ELSAs emotional literacy work in school.
- A commitment from the school to provide the ELSA with ongoing time and space to plan, deliver and evaluate ELSA interventions with individual children and small groups (typically at least one day per week) and support supervision attendance.

To find out more about ELSA go to <https://www.elsanetwork.org/about/> or email any questions to elsa@westsussex.gov.uk

This information is based on training available in September 2020

End Notes

- 1 The good child report 2018
 - 2 NICE Guidelines
 - 3 Do more good than harm, 2006
 - 4 Royal College of Psychiatrists 2012
 - 5 Young Minds, 2014
 - 6 Supporting Children at Risk of Suicide, 2013
 - 7 Let's Talk self-harm toolkit
 - 8 Content adapted from: Brown B, Nutt L, Beavis J, Bird K, Moore V. Understanding and responding to children and young people who self-harm A guide for practitioners Cambridgeshire and Peterborough NHS foundation trust (Feb 2009). Adapted from Wiltshire Children and Young People's Trust Model toolkit: Schools responding to incidents of self-harm (2013)
 - 9 Self Harm UK Harm minimisation available at: www.selfharm.co.uk (accessed 29/8/18)
 - 10 Brown B, Nutt L, Beavis J, Bird K, Moore V. Understanding and responding to children and young people who self-harm A guide for practitioners Cambridgeshire and Peterborough NHS foundation trust (Feb 2009)
 - 11 Sim et al. 2010
- Figure 1 – Appendix 4 of managing self-harm practical guidance and tool kit for schools in Cornwall and the isle of scilly

References and information

- National Self-harm network www.nshn.co.uk
- Young Minds www.youngminds.org.uk
- Truth Hurts: National Inquiry into Self –Harm among young people. Mental Health Foundation.
- Managing self-harm in young people (2014) Royal college of Psychiatrists.
- NICE (2013) NICE quality Standard 34. Quality Standard for self-harm
- NICE (2011) Self-harm: longer-term management. NICE clinical guidance 133
- Arnold, L. & Magill, A. Working with self-injury: a practical guide.
- Arnold, L. & Magill, A. What's the harm? A book for young people who self-harm or self-injure.
- National children's Bureau: information on a wide range of initiatives relating to young people who self-harm.
- Self-harm website www.selfharm.co.uk
- Childline www.childline.org.uk
- NSPCC www.nspcc.org.uk
- Young Minds Parents Information Service. Telephone 0808 802 5544
- Social Care Institute for Excellence (SCIE; 2005) Research Briefing 16: Deliberate Self-Harm (DSH) Among children and Adolescents: London: SCIE
- Shapiro, S. (2008) Addressing Self Injury in the School Setting, School Nursing, 24 (3) pp. 124-130
- National Institute for Health and Clinical Excellence (2013) Providing help for those who self-harm www.nice.org.uk
- Well at School Guidance and advice for teachers and other educational professionals about children who self-harm www.wellatschool.org
- KidsMatter Primary www.kidsmatter.edu.au/primary

Appendices

Appendix 1 – Key content for self-harm policy

Aims and purpose of the policy	
Definitions of self-harm clarifying what self-harm is	
Risk factors associated with self-harm	
Relationship of the self-harm policy documents, in particular child protection procedures and policies; risk assessment processes and confidentiality	
Roles and responsibilities of all school staff	
Clear pathways for immediate (including risk assessment) and ongoing response to self-harm	
Importance of training for school staff on dealing with self-harm, care and referral pathway and flow charts, guiding response for self-harm, to increase the whole schools understanding and confidence	
Arrangements for recording, audit, monitoring and evaluation of incidents of self-harm in the school	
Date self-harm policy is established by trust board/governing body and the date for full implementation of the self-harm policy	
Support for parents, siblings and peers	

Pooky Knightsmith (<https://www.pookyknightsmith.com/>) has created a model policy for schools and colleges available online to adopt and adapt. The policy is based on the work by the national institution for health research under its programme grants for applied research scheme <https://www.slideshare.net/pookyh/self-harm-model-policy-for-schools>

Appendix 2 - Ongoing support guidance for lead designated staff

It's important to assess the young person at regular intervals as things may change. It is good practice to keep a record of these meetings and record any information you gather during discussions with the young person and their parents. If other professionals are involved, you may want to consider initiating a multi-agency meeting. To make certain the young person has the opportunity to talk and be taken seriously, you may want to use the following series of questions to help you understand the episode and gather essential information to know how best to respond:

About the self-harm

- What was used to self-harm?
- When did it take place and where?
- What time of day/night?
- What did the young person do?
- Who was around at the time?
- Who did they tell?
- What did they do?

Degree of intent and risk of further self-harm

- Along the scale below, what communication did the young person intend?
- How long has the young person been thinking about harming himself or herself?
- Was the act impulsive or part of a long-standing plan?
- What were they thinking at the time of the event?
- Who knew that they were feeling so bad? What would you have wanted them to do?
- What did they expect to happen as a result of the event?



What other vulnerabilities affect the self-harming behaviour?

- **Trauma:** Family violence, child abuse, bullying
- **Life events:** Parent divorce, exams, and bereavement
- **Cultural factors:** Identity, sexuality, and language
- **Social support:** Friendship/relationship breakdown, isolation
- **Family:** Mental health of parents, domestic violence

Reassess regularly - is a follow-up required?

- Follow up with young person and/or parents
- Follow up with head teacher and designated lead for self-harm and any other professional involved in the child's care

What services need to be involved?

- Has a referral been made previously?
- Consider referral to CAMHS /discuss with community mental health liaison service
- **School nurse:** Complete a school nurse referral form

Knowledge about the young person's self-harming?

- Who knows the pupil has/is self-harming?
- How does the young person feel about this?
- How have parents/carers been engaged?
- What support has been provided to the young person and their parent/carer?

Appendix 3 – Self-harm leaflets

Talking about SELF HARM

A mini-guide to help support yourself or anyone you know with self-harm.

Understanding self-harm

Keeping yourself safe

Ideas to help

Communicating about self-harm

Websites, helplines and local support

This mini-guide was originally researched and written by volunteers from award-winning youth project **YMCA Right Here** and has been adapted for use by anyone affected by self-harm in West Sussex.

YMCA RIGHT HERE
Young people providing friendship and wellbeing through activities, training and volunteering.

www.YMCARightHere.com

west sussex county council

NHS

Produced by **YMCA Right Here** working in partnership with **West Sussex County Council** and **NHS West Sussex CCG**.

Understanding self-harm

It can be a very lonely place to be in when you're self-harming, but it is more common than you may realise.

A lot of people think self-harm is either cutting and/or overdosing but a lot of things done in excess could be seen as self-harm. Examples of these are: getting drunk, doing drugs, smoking, purposely getting into fights and using the pain of tattoos or piercings as a coping mechanism for difficult emotions. There are also less obvious things such as rubbing skin, digging your nails into yourself or pinching yourself.

If you're concerned that any of the above applies to you, a friend or family member, **please don't panic!** Self-harm can be a strategy people use to cope with what's going on in their life. Self-harm is especially common in young people which may be as a result of so much change going on physically/hormonally as well as all other changes young people are having to face.

When young people self-harm it is usually a sign that they are having a tough time and need support. There are lots of services that can help (see our **Support Services** section.) Services won't force you to stop, but they will encourage and support you.

Tips for friends and family:

- Rather than trying to come up with a solution, it's more likely that they'll want you to listen and support them by letting them know it's okay to feel what they're feeling. Find more tips in our **Communicating** section.
- Focus on what's causing them to self-harm rather than the self-harm in itself, unless immediate medical attention is required: **How are they feeling? What's going on for them at the moment? Have there been any major changes in their life recently?**
- Trying to force someone to stop self-harming can make them feel worse, as it can increase the emotions they're already trying to cope with and reduce their feeling of control.
- If they do want to stop self-harming, we've included some suggestions in our **Ideas to Help** section.

Why do people self-harm?

Everyone has problems during their life, and self-harm can affect anyone. Self-harm may be used as a coping mechanism, and it is a myth that self-harm is always a sign of suicidal behaviour.

Some underlying issues can lead to young people harming themselves. We call these **triggers**, and have listed some below.

If you combine any of these triggers with the change that is going on both physically and hormonally for young people, it's not surprising that it can be a difficult time.

- Struggling with difficult thoughts, feelings and emotions, or maybe feeling overwhelmed
- Problems with family, friends or relationships
- Stress (specifically exams and academic achievement)
- Abuse (emotional, physical, sexual or neglect)
- Being bullied (many different types including cyber bullying)
- Self-image issues

When someone is struggling to cope or tell somehow else how they are feeling, self-harm can be a way of dealing with - and expressing - difficult feelings.

For some people, it can lead to a sense of control or emotional release.

Some young people may not understand or know why they self-harm, and that's okay. It's still important to get help.

List three people or services that you will contact if you need to talk:

Name: _____
Number: _____
Email: _____

Name: _____
Number: _____
Email: _____

Name: _____
Number: _____
Email: _____

Communicating about self-harm

If you are self-harming... ..you might feel lonely, isolated and like you can't tell anyone about it - but you are not alone.

Some people perceive self-harm as "attention seeking" behaviour, but it's clear that in most cases this is not true at all and most people feel they have to hide it. We really want to encourage you to talk about it and more importantly about how you're feeling.

This could be anonymously through services such as the Samaritans and Tess (find your details in our **Websites and Phonelines** section) or having a chat with a friend, family member, staff at school, college or university, GP, youth worker, or counsellor.

It's understandable that talking to someone might feel difficult (maybe even impossible) to start with. Sometimes writing, drawing or painting how you're feeling can help too. We're not saying it will fix everything, but usually it can really help to get it out - it can help you realise what's going on inside your head and how you're feeling, as well as helping others to understand why you may be behaving differently.

Here are a few ideas that might help you to start a conversation about how you're feeling or your self-harm:

- I'm finding (...) really hard right now.*
- Can we have a chat about (...)*
- I've been doing (...) to myself and I don't know why.*
- If you've got a moment I could really do with a chat.*
- Can I talk to you in private please?*

Self-harm is a form of communication in itself

Self-harm can be a way of expressing how you're feeling, whether this is intentional or not. It's not easy to talk about "how you're feeling", what you're thinking and "what's going on for you". This can lead to trying to find a way to cope with these things on your own. It can be very difficult to find the "right" words or words that can make/help people understand how you're actually feeling inside.

MY SAFETY PLAN

If I feel that I want to self-harm:

I will talk to: _____

or: _____

I will seek help from: _____

I will calm myself by: _____

I will go to my safe space at: _____

My ideas to keep myself safe are: _____

When talking to others about their self-harm...

...it's helpful to be aware that self-harm is likely to be a coping mechanism they've developed to help cope with and manage emotions. Check out **Keeping Yourself Safe** to encourage them to do this in the safest way possible.

We understand it's not an easy subject to broach but it's so important to give people a chance to talk about what they're doing - and more importantly **why** they're doing it. It's really key to listen, take them seriously, and be open-minded and as non-judgemental as possible whilst someone is discussing their self-harm to you or talking about their feelings or what's going on for them.

Probably the key thing to focus on (as long as they don't need immediate medical attention) is **why** they're self-harming.

Phrases like this might help you to start the conversation:

I've noticed that recently you don't quite seem yourself, is there anything you'd like to talk about?

- Is there anything I can do to help?*
- I can see that you've got some (...) and I'm concerned about how you are.*
- Are you being safe in your self-harming?*

Keeping yourself safe

Trying to stop self-harming can be difficult. To help keep yourself safe, there are different ways of self-harming, some of which are safer than others such as using elastic bands or ice cubes.

Here is some more advice about keeping yourself safe.

- When you are self-harming it's really important to look after yourself by using clean equipment and clean any cuts afterwards to reduce risk of infections.
- Think about the environment you're in whilst self-harming: try to avoid dirty and dangerous situations and to be in a place near other people who could help you if necessary.
- Take time to understand and manage risks related to any substances you may use, and use a condom every time you have sex.
- If you have taken an overdose, seek medical attention. You can phone 999 for an ambulance or 111 for free information and advice if you're not sure it's an emergency. If you can, take the tablets or packaging of tablets with you so medical staff know what you've taken.

This mini-guide contains practical advice, services and websites to support young people affected by self-harm, as well as those who care about them.

It has been created by young volunteers from **YMCA Right Here** who talked to 16-25 year olds about their perceptions, beliefs and knowledge of self-harm, and also to education and medical staff who work with 16-25 year olds.

We hope this guide will increase awareness and get people to talk more openly about self-harm, and we really want it to help young people gain access to the services and support that are available to them, and that they deserve.

YMCA

Ideas to help

Everyone has their own way of coping. Here are some things we've heard and found can help:

Distract yourself

Some people find it helps to distract themselves if they feel they may self-harm. We understand the ideas below might not work for everyone, but they might help you:

- Something fun: listen to music, watch your fave tv show, do a puzzle (sudoku, wordsearch) or pop some bubblewrap!
- Something creative: painting, drawing or writing. Also, some people find drawing on yourself with a non-permanent red marker pen can help.
- Something new: read a different magazine, try yoga, learn an instrument, do some physical exercise like go for a walk or jog.
- Something comforting: allow yourself to cry, phone or meet someone you care about, sleep, cuddle a soft toy or pillow, or have a hot chocolate.

You'll find many more ideas at nahn.co.uk/downloads/Distractions.pdf if you find it difficult, it can be helpful to start by distracting yourself for a short time, and build it up gradually.

Talking can...

...help you to understand what's going on, how you're feeling and to come up with ideas to feel better.

...help others to know how you're feeling and understand why you're doing the things you do.

Take a look at our **Communicating** section for ideas to get you talking.

Get more support

There are loads of services around to help you (see the **Local Support** section). If the thought of going somewhere new feels scary, here are some tips:

- Take a friend, family member or someone you trust with you.
- Think about what you want to say before you go: **doxready.org** can be really useful for helping to start a difficult conversation.
- Check out the service's website to find out more and google the address to plan your route so you know where you're going.

Confidentiality

It can be difficult telling someone about self-harm, especially if you're worried they will tell someone else. But talking to someone can often be a positive way of starting to work through what's on your mind, at the same time as giving that person an opportunity to help and support you in any way they can.

Usually what's said between you and a professional (teacher, youth worker, doctor, nurse etc) should be kept between you both. However, if you are concerned about your safety, they may discuss with you the possibility of talking to someone else who could help. If you aren't sure what is confidential, ask.

Talking to doctors / nurses

- Your parent or carer does not have to know and you have a right to privacy even if you're under 16.
- The only time they will need to break confidentiality is if you or someone around you is at severe risk of danger (for example, thought likely to act on thoughts of suicide).
- They should ask your permission before contacting anyone else, and let you know what is happening.
- Remember health professionals are not there to trick you or betray you. They are there to make sure you are listened to, supported and kept safe, and they have a duty to do what is in your best interests.
- Check out doxready.org to help you prepare for a GP appointment.

Talking to a teacher

- if there is a teacher or staff member you trust, do talk to them. They are there to help you and listen to you.
- They may not have the experience or training to be able to give you the best possible support, so they might need to refer you to a counsellor or other health professional to make sure you get all the support you need.
- They have a legal duty to pass certain information on (such as physical abuse or self-harm) but this may not have to be to a parent/carer.

Websites and phonelines

Not all websites about self-harm are helpful - we've spent time finding the most supportive websites out there, so you don't have to.

Add www. before all websites listed!

Self-harm specific:

selfharm.co.uk
nahn.co.uk
lifesigns.org.uk
selfinjurysupport.org.uk
thamix.org.uk/self-harm

Girls and young women of any age can text **Tess** anonymously on 07537 432 444 Tue, Wed and Thur from 7pm to 9.30pm

Emotional support:

youngminds.org.uk
mind.org.uk
same.org.uk/what_we_do/supportive_services
childline.org.uk

Or call 0800 1111 (up to age 19)

samaritans.org - anonymous support for anyone in crisis. Call 116 123 or email jo@samaritans.org

Other specialist help:

beateatingdisorders.org.uk (eating disorders)
sexualhealthwestsussex.nhs.uk (sexual health)
talktofrank.com (drugs)
winstonswish.org (bereavement support for families)

Help for parents / carers:

www.bit.ly/1P1Kis - a short film for parents / carers who are concerned about their child's self-harming. Also check out ymcarighthere.com/advice-support/parentscareers
relata.org.uk/relationship-help/talk-someone

free instant online chat with a counsellor about parenting issues

youngminds.org.uk/for-parents free helpline 0800 802 5544 open Mon-Fri 9.30am-4pm

www.wapc.org.uk info, training & support for parents / carers of children with special educational needs and disabilities 01903726188

If you or someone you know has hurt themselves, or you need urgent help, go to A&E or call 999 or an ambulance.

Local support

You don't have to go through anything on your own. There might be someone you feel you can talk to at home or where you study. Below are other places where someone will listen. You can take a friend or family member with you to any of these places.

YMCA Disability Community Service provides free face to face therapy and group programmes to 11-18 year olds throughout West Sussex. 07379 893707, community.counselling@ymca.org

e-wellbeing Digital wellbeing/online mental health service for young people run by YMCA DLG e-wellbeing.co.uk **FindOut Centres** are safe places for under 25s to get information and advice on a range of issues. yourspacewestsussex.co.uk

Allsorts Youth Project listens to, supports & connects children & young people between the ages of 5 and 25 years old, who are LGBTU. They provide youth groups, 1:1 support and advocacy support in Brighton and West Sussex. allsortsyoung.org.uk

BMEYPP Black and Minority Ethnic Young People's Project - on Instagram, Facebook and Twitter

Mind in West Sussex offer support and information about mental health and wellbeing to 16-25 year olds. coastalwestsussexmind.org

YES Service Youth Emotional Support (YES) is a free service for young people aged 11-18 looking for support with their wellbeing which includes one to one support and groupwork. 033 222 267 11 yes@westsussex.gov.uk

CGI drugs & alcohol service for under 25s, & support around parents / carer(s) substance abuse changegrowlfe.org

Young Carers can get support at westsussex.gov.uk/youngcarers

Worth Domestic Violence Advisors 0330 222 8181 or 0749 98839

Sutton Centre supports anyone over 14 who has been sexually assaulted. 01213 800 469 or suttoncentre.org

Child and Adolescent Mental Health Services (CAMHS) Chichester - 01243 813405
Worthing - 01903 286754
Horsham - 01403 223344

Talk to your doctor! Visit doxready.org to prepare your checklist. If your doctor's surgery is closed, you can get medical advice by calling 111.

Be Okay mental health support for young people aged 16-25 sussexoak-leaf.org.uk/be-ok/

Figure 1 -Sample letter to parents following meeting about self-harm

Dear (parent or carer)

Thank you for coming to discuss.....

After our recent meeting, I am writing to express concern about’s safety and welfare.

The recent incident of self-harm (or threat to self-harm) by suggests that your child/young person may need additional support and guidance...

I recommend that you visit your local GP for advice and help and/or as agreed, we have sent a referral to the school nurse /school councillor.

We will continue to provide support to but would appreciate any information that you feel would help us to do this as effectively as possible.

If there is anything else, we can do to help, please contact me.

Yours sincerely

Title

Copies to:

What is self-harm?

Self-harm is where someone does something to deliberately hurt him or herself. This may include cutting parts of their body, burning, hitting or taking an overdose.

How many young people self-harm?

A recent large study in the UK found that about seven percent (i.e. seven people out of every 100) of 15-16-year-olds had self-harmed in the last year.

Why do young people self-harm?

Self-harm is often a way of trying to cope with painful and confusing feelings. Difficult things that people who self-harm talk about include:

- Feeling sad or feeling worried.
- Not feeling very good or confident about themselves.
- Being hurt by others: physically, sexually or emotionally.
- Feeling under a lot of pressure at school or at home.
- Losing someone close; this could include someone dying or leaving.

When difficult or stressful things happen in someone's life, it can trigger self-harm. Upsetting events that might lead to self-harm include:

- Arguments with family or friends.
- Break-up of a relationship.
- Failing (or thinking you are going to fail) exams.
- Being bullied.

Often these things build up until the young person feels they cannot cope anymore. Self-harm can be a way of trying to deal with or escaping from these difficult feelings. It can also be a way of showing other people that something is wrong in their lives.

How can you cope with self-harm?

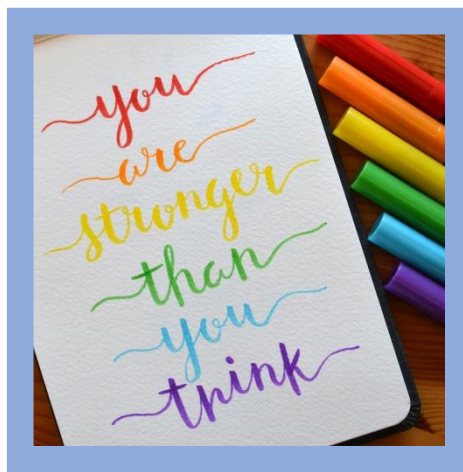
Replacing the self-harm with other safer coping strategies can be a positive and more helpful way of dealing with difficult things in your life. Helpful strategies can include:

- Finding someone to talk to about your feelings (this could be a friend or family member).
- Talking to someone on the phone (you might want to ring a help line).
- Sometimes it can be hard to talk about feelings; writing and drawing about your feelings may help.
- Scribbling on and/or ripping up paper.
- Listening to music.
- Going for a walk, run or other kinds of exercise.
- Getting out of the house and going somewhere where there are other people.
- Keeping a diary.
- Having a bath/using relaxing oils eg lavender.
- Hitting a pillow or other soft object.
- Watching a favourite film.

Getting help

In the longer term it is important that the young person can learn to understand and deal with the causes of the stress that they feel. The support of someone who understands and will listen to you can be very helpful in facing difficult feelings.

- **At home:** Parents, brother/sister or another trusted family member
- **In school:** School counsellor, school nurse, teacher, teaching assistant or other member of staff
- **GP:** You can talk to your GP about your difficulties and he/she can make a referral for counselling



Appendix 6 – Useful helplines and websites



My friend has a problem, - how can I help?

- You can really help by just being there, listening and giving support.
- Be open and honest. If you are worried about your friend's safety, you should tell an adult. Let your friend know that you are going to do this and you are doing it because you care about them.
- Encourage your friend to get help. You can go with them or tell someone they want to know.
- Get information from telephone help lines, website, library etc. This can help you understand what your friend is experiencing.
- Your friendship may be changed by the problem. You may feel bad that you can't help your friend enough or guilty if you have had to tell other

people. These feelings are common and don't mean that you have done something wrong/not done enough.

- Your friend may get angry with you or say you don't understand. It is important to try not to take this personally. Often when people are feeling bad about themselves, they get angry with the people they are closest to.
- It can be difficult to look after someone who is having difficulties. It is important for you to find an adult to talk to, who can support you. You may not always be able to be there for your friend and that's OK.

Shout	Text 85258	https://www.giveusashout.org/
Young Minds		https://youngminds.org.uk/
E-Wellbeing		https://e-wellbeing.co.uk/
Hopeline	Call 08000684141	https://papyrus-uk.org/hopelineuk/
Tess	Text 07537432444	https://www.selfinjurysupport.org.uk/
National self-harm network		http://www.nshn.co.uk/
Mind	Call 0300 123 3393	https://www.mind.org.uk/information-support/helplines/
The Samaritans	Call 116 123	https://www.samaritans.org/
The Mix	Call 0808 808 4994	https://www.themix.org.uk/

Appendix 8 – Assessing risk

There is a need to initiate a prompt assessment of the level of risk self-harm presents. Unless the pupil is in obvious emotional crisis, kind and calm attention to assuring that all physical wounds are treated should precede additional conversation with the pupil about the nonphysical aspects of self-harm. Questions of value in assessing severity might 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 the wounds?
- Have you ever hurt yourself more severely than you intended?
- Have your wounds ever become infected?
- Have you ever seen a doctor because you were worried about a wound?

Collecting basic information is also important in determining the need for engagement of outside resources. Questions might include aiming to assess:

- History
- Frequency
- Types of method used
- Triggers
- Psychological purpose
- Disclosure
- Help seeking and support
- Past history and current presence of suicidal ideation and/or behaviours.

In general pupils are likely to fall into one of two risk categories:

Low risk pupils: Pupils with little history of self-harm, a generally manageable amount of stress, and at least some positive coping skills and some external support.

Higher risk pupils: Pupils with more complicated profiles – those who report frequent or long-standing self-harm practices; who use high lethality methods, and/or who are experiencing chronic internal and external stress with few positive supports or coping skills.

Professionals should adhere to their own school guidelines regarding information sharing and confidentiality. The child/young person must be involved wherever possible and consulted on his/her views. Professionals should always take age and understanding into account when involving children and young people in discussions and decision-making. There should be clear explanations about what is going to happen and the choice and rationale for certain courses of action.

It is important not to make promises of confidentiality that you cannot keep. Professionals should tell a child/young person when they may have to share information without their consent.

Information given to professionals by a pupil should not be shared without the child/young person's permission except in exceptional circumstances. Such exceptional circumstances will include:

- A child is not old enough or competent enough to take responsibility for themselves.
- Urgent medical treatment is required.
- The safety and wellbeing of a child/young person is at risk or there is the possibility of harm to other (i.e. child protection or suicide).
- By virtue of statute or court order.
- For the prevention, detection or prosecution of serious crime.

If there is reasonable professional concern that a child may be at risk of harm this will always override a requirement to keep information confidential. If a child or young person reveals they are at risk, the practitioner should follow the local safeguarding process immediately.

Additional Information

The best prevention for self-harm is to have people available to talk to so it is important that schools build a culture of openness. Children and young people may not like or want their information to be shared with others in order to help them, however they may be more reassured if you explain exactly who you are going to speak with, the reasons for doing this and when, and give the child or young person an opportunity to accompany you. Please carefully consider safeguarding concerns and whether the child or young person will be at greater risk if information is shared with their parent or carer. Information sharing may be particularly important before a weekend or holiday period.

School staff should begin any conversation with a child or young person by saying that they cannot keep anything that is said to them confidential, and that they will need to share it with a senior member of staff. If this is explained at the outset of any meeting the young person can make an informed decision as to how much information they wish to divulge

The role of the GP

- Most practices have a Duty Doctor. If you don't know the young person's GP, or he/she is not working that day, ask to speak to the Duty Doctor
- GPs should have been made aware of any hospital attendances, (but may not have if the hospital's records are out of date)
- GPs should have been sent a copy of the CAMHS initial assessment and a summary once discharged from CAMHS
- GPs can refer patients to CAMHS
- Many GPs will have nurses who can do simple wound care / dressings, often the same day if asked
- Doctor-Patient confidentiality may often mean that the GP cannot give you information regarding a young person's treatment, or even confirm if they are receiving treatment / being seen by CAMHS etc. However, if you have information that you feel the GP would benefit from, please do let him / her know as s/he will want, and have a professional obligation to act on that information.

The role of the hospital

- The hospital will provide emergency medical treatment
- Most overdoses need to go to hospital to enable blood tests to be done
- In many hospitals, Social Care will be informed about every child or young person presenting with self-harm.
- A busy A & E department is not always the best environment, psychologically, for young people who have self-harmed. An alternative option may be an urgent appointment with CAMHS or the GP.

The role of the Community School Nurse

They are a skill mix team led by Specialist Community Public Health Nurses(a registered nurse who has undertaken additional training either at Degree or Masters level in Public Health) consisting of staff nurses(registered nurses) Assistant Practitioners(have a foundation degree), School Health Assistants and administrators. All registered nurses work within their NMC code of conduct and practice within the same rules of confidentiality as other health professionals.

They have an open referral system accepting self-referrals as well as those from parent/carers and other professionals. We will undertake assessments and then either undertake a package of care or signpost or refer to other more appropriate services

Appendix 11 – Information and support

For teachers supporting young people who self-harm

Self-harm E-Learning Coastal West Sussex Mind	https://www.eventbrite.co.uk/e/e-learning-self-harm-tickets-59111935390
SEN and Self-Harm resource Self-harm UK	https://www.selfharm.co.uk/get-information/the-facts/sen-and-self-harm
No harm done professional pack Young minds	https://youngminds.org.uk/media/1210/no_harm_done_professionals_pack.pdf
Self-harm lesson plan Self injury support	https://www.selfinjurysupport.org.uk/faqs/lesson-plan-resource-pack
Suicide prevention E-Learning Zero suicide alliance	https://www.zerosuicidealliance.com/get-involved
Community mental health liaison service	https://www.sussexpartnership.nhs.uk/west-sussex-cmhl-service
Suicide prevention training	https://www.westsussexmind.org/training-courses/online-training/suicide-prevention-training
School Nurse Advice Line	Call 0300 303 1137 9am to 5pm, Monday to Friday (excluding bank holidays).

For parents of a child or young person self-harming

Self-harm E-Learning Coastal West Sussex Mind	https://www.eventbrite.co.uk/e/e-learning-self-harm-tickets-59111935390
SEN and Self-Harm resource Self-harm UK	https://www.selfharm.co.uk/get-information/the-facts/sen-and-self-harm
Drop in centres The Samaritans	https://www.samaritans.org/branches/
Parent Guide Young Minds	https://youngminds.org.uk/find-help/for-parents/parents-guide-to-support-a-z/parents-guide-to-support-self-harm/
Suicide prevention E-Learning Zero suicide alliance	https://www.zerosuicidealliance.com/get-involved
Free learning resource MindEd	https://mindedforfamilies.org.uk/
Hopeline	Monday to Friday 10am-5pm, 7pm-10pm Weekends 2pm-5pm 08000684141
Young minds conversation starter	https://youngminds.org.uk/media/1712/young-minds-conversation-starters_final-003.pdf

West Sussex Websites

West Sussex Local Offer	https://westsussex.local-offer.org/information_pages/511-self-harm
West Sussex Services for Schools	http://schools.westsussex.gov.uk/
Pathfinder	https://www.pathfinderwestsussex.org.uk/im-under-18
Your space	https://www.westsussex.gov.uk/education-children-and-families/your-space/jobs/
West Sussex Wellbeing	https://www.westsussexwellbeing.org.uk/

Appendix 13 – RSHE E4S curriculum

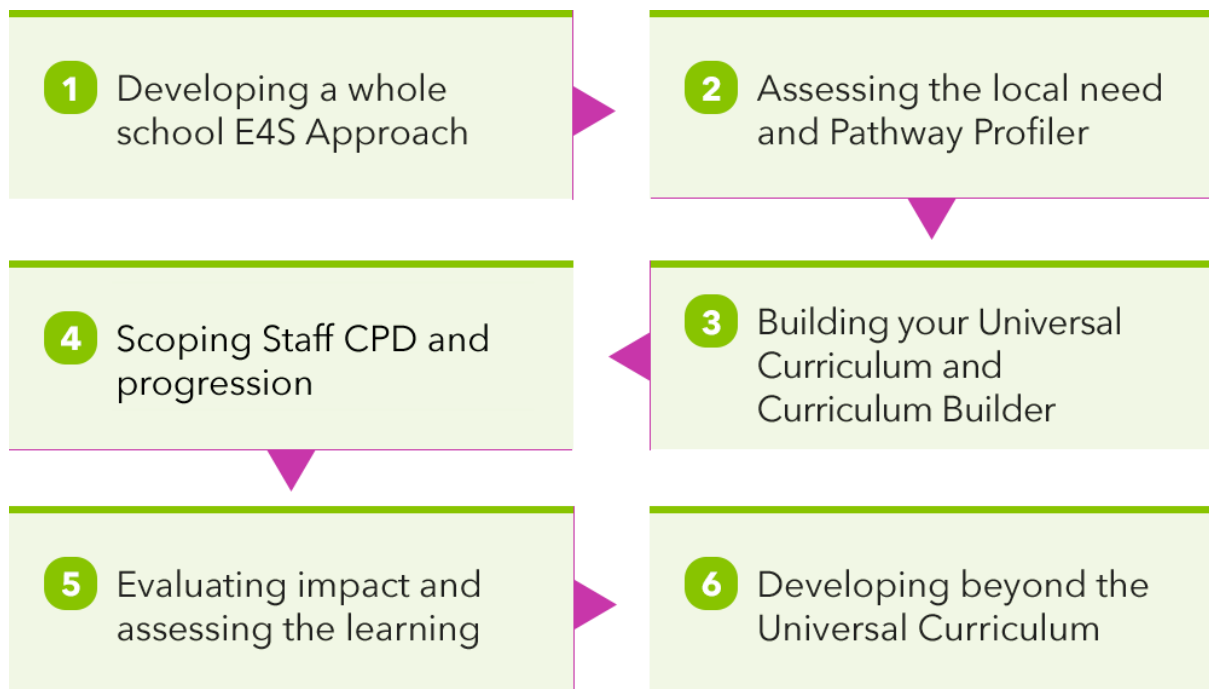
Education for safeguarding in West Sussex schools

<https://www.e4swsccalpha.co.uk/>

What is E4S?

The West Sussex Education for Safeguarding curriculum is intended to become the universal provision for all schools. It is designed to enable you to develop a needs-based curriculum for all pupils in your school whilst also ensuring that the national expectations for RSHE are fully addressed.

The West Sussex Education for Safeguarding (E4S) curriculum is based on the national Department for Education Relationships, Sex and Health Education (RSHE) guidance and numerous national frameworks, including the PSHE Association, but adapted and enriched for schools in West Sussex.



E4S is based around four cornerstones

- Digital and media literacy
- Physical health and wellbeing
- Relationships and sex education
- Emotional health and wellbeing

Self-harm is covered in the emotional health and wellbeing cornerstone, to find out more and how your school can access E4S please go directly to the E4S webpage - <https://www.e4swsccalpha.co.uk/>