

Self harm

Self harm Guidelines for staff within school and residential settings in Oxfordshire

Developed by the Adolescent Self Harm Forum (Oxfordshire)

Acknowledgements

The Oxfordshire Adolescent Self Harm Forum wish to thank the late Chris Sey, former Principal Education Psychologist, for facilitating the funding which allowed these guidelines to be produced and for all his support.

These guidelines were produced as the result of collaboration between Oxfordshire Education Department, Oxford Samaritans, Oxfordshire Mental Healthcare Trust and the Department of Social and Health Care. They were written by the Oxfordshire Adolescent Self Harm Steering Group. They are primarily intended for use in secondary schools and in residential settings and should be read in conjunction with the Local Safeguarding Children's Board (LSCB) guidelines.

The current Oxfordshire Adolescent Self Harm Steering Group would like to thank the original steering group members who developed the guidelines for school:

Carrie Jackson, School Health Nurse, Project Co-ordinator; Anne Stewart, Consultant Psychiatrist, Oxford City CAMHS; Elisabeth Salisbury, Samaritans; Karen Rodham, Centre for Suicide Research; Tara Midgen, Educational Psychologist; the late Tessa Cullen, formerly Deputy Head of Student Services, Banbury School; Claire Holdaway, Clinical Psychologist, Abingdon; Linda Whitehead, Barnes Unit; Sharon Codd, Clinical Nurse Specialist, Barnes Unit.

Thanks also to members of the 'Responding to self harm in residential settings' project who developed the guidelines for residential staff:

Ben Gurney-Smith, Consultant Clinical Psychologist; Ciorsdan Anderson, Clinical Psychologist; Natalie Burton, Manager; Ian Woods, Manager; Simon Brown, Service Manager; Simon Cornwell, Senior Practitioner; Paul Sheffield, Manager PCAMHS; Dan Ruaux, Manager; Isobel Paz, Consultant Psychiatrist; Anne Stewart, Consultant Psychiatrist and Anne Peake, Educational Psychologist.

In addition, we are grateful to a number of other people for providing advice on the guidelines, including: Judith Atkinson, David Bingley, Simon Cornwell, Caroline Crosbie, Hannah Farncombe, Fran Fonseca, Vic Gore, Sue Harris, Keith Hawton, Francis Josephs, Anna Turner, Tina Pegg, Francia Kilgariff, Jane Harrison and other colleagues.

Information about the current Adolescent Self Harm Steering Group can be obtained from Anne Stewart, Boundary Brook House, Oxford OX3 7LQ

1st edition January 2003

Revised edition April 2004

2nd revision October 2007

3rd revision August 2012

4th revision January 2016

© Copyright Oxfordshire Adolescent Self Harm Forum

Any material from these guidelines which is copied or used must be acknowledged and referenced.

The appendices may be copied.

Self Harm

Contents

page

4	What is self harm and how common is it?
5	What causes self harm?
5	Risk factors
5	Triggers
5	Warning signs
5	Examples of self harming behaviour
5	What keeps self harm going
6	The cycle of self harm/cutting
6	Coping strategies
7	Reactions of school staff
7	The urge to escape difficulties
8	How to help within schools
9	Flow chart for young people in schools
10	How to help within residential settings
11	Flow chart for young people in residential settings
12	Understanding the self harm
12	Confidentiality
12	Working with a young person in school or residential setting
12	Self harm and peer groups
12	Support for staff
12	Training for staff
12	General aspects of prevention of self harm
13	Appendix A - Guidance on Information Sharing for Oxfordshire Networks
14	Appendix B - Sample of letter to parents
15	Appendix C - Oxfordshire Resilience Risk Assessment Framework: Self Harm
18	Appendix D - My Safety Net
19	Appendix E - Fact sheet for parents/carers
20	Appendix F – Information sheet for young people
22	Appendix G - Useful contacts

Guidelines for staff within school and residential settings in Oxfordshire

These guidelines are intended to help school and residential staff to support young people who harm themselves and to access appropriate services where needed.

What is self harm and how common is it?

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

Some people who self harm have a strong desire to kill themselves. However, there are other factors which motivate people to self harm including a desire to escape an unbearable situation or intolerable emotional pain, to reduce tension, to express hostility, to induce guilt or to increase caring from others. Even if the intent to die is not high, self harming behaviour may express a powerful sense of despair and needs to be taken seriously. Moreover, some people who do not intend to kill themselves may do so, because they do not realise the seriousness of the method they have chosen or because they do not get help in time.

Over the last forty years there has been a large increase in the number of young people who deliberately harm themselves. A large community study in the UK found that in 15-16 year olds, approximately 6.9% of young people (3.2% males and 11.2% females) had self harmed in the last year.

See Hawton et al. (2002) Deliberate self harm in adolescents: self report survey in schools in England. BMJ, 325, 1297-1211.

What causes self harm?

Risk Factors

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

Individual factors

- depression/anxiety
- poor communication skills
- low self esteem
- poor problem solving skills
- hopelessness
- impulsivity
- drug or alcohol abuse

Family factors

- unreasonable expectations
- abuse (physical, sexual, emotional or neglect)
- poor parental relationships and arguments
- depression, deliberate self harm, suicide or other mental health difficulties in the family
- drug/alcohol misuse in the family
- domestic violence

Social factors

- difficulty in making relationships/loneliness
- persistent bullying or peer rejection
- easy availability of drugs, medication or other methods of self harm

The pressures for some groups of young people and in some specific settings may increase the risk of self harm:

- young people in residential settings (e.g. inpatient units, prison, sheltered housing or hostels or boarding schools)
- young people with mental health difficulties
- young people who are lesbian, gay, bisexual or transgender and who feel isolated and unsupported
- some young people may access internet sites relating to self-harm, some of which may be helpful but others may increase the risk of self-harm by promoting different methods and normalising self-harm.

Triggers

A number of factors may **trigger** the self harm incident:

- family relationship difficulties (**the most common trigger for younger adolescents**)
- difficulties with peer relationships e.g. break up of relationship (**the most common trigger for older adolescents**)
- bullying/cyberbullying
- significant trauma e.g. bereavement, abuse
- child sexual exploitation
- self harm behaviour in other students (contagion effect)
- identification with a peer group which promotes self harm
- self harm portrayed or reported in the media
- difficult times of the year (e.g. anniversaries)
- trouble in school or with the police
- feeling under pressure from families, school and peers to conform/achieve
- exam pressure
- times of change (e.g. parental separation/divorce)

Warning signs

There may be changes in the **behaviour** of the young person which are associated with self harm or other serious emotional difficulties:

- changes in eating/sleeping habits
- increased isolation from friends/family
- excessive and secretive use of the internet
- changes in activity and mood e.g. more aggressive than usual
- lowering of academic grades
- talking about self-harming or suicide
- abusing drugs or alcohol
- becoming socially withdrawn
- expressing feelings of failure, uselessness or loss of hope
- giving away possessions

Examples of self harming behaviour

- cutting
- taking an overdose of tablets
- swallowing hazardous materials or substances
- burning – either physically or chemically
- over/under medicating e.g. misuse of insulin
- punching/hitting/bruising
- hair pulling/skin picking/head banging
- episodes of alcohol/drug/substance misuse or over/under eating can at times be acts of deliberate self harm
- risk-taking behaviours may be acts of deliberate self harm

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

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

What keeps self harm going?

Once self harm (particularly cutting) is established, it may be difficult to stop. Self harm can have a number of functions for the young person and it becomes a way of coping.

Examples of functions include

- Reduction in tension (safety valve)
- Distraction from problems
- Form of escape
- Outlet for anger and rage
- Opportunity to feel physical pain to distract from emotional pain
- Way of punishing self or others
- Way of taking control
- Care-eliciting behaviour
- A means of getting identity with a peer group
- Non-verbal communication (e.g. of abusive situation)
- It can also be a suicidal act

The cycle of self harm/cutting

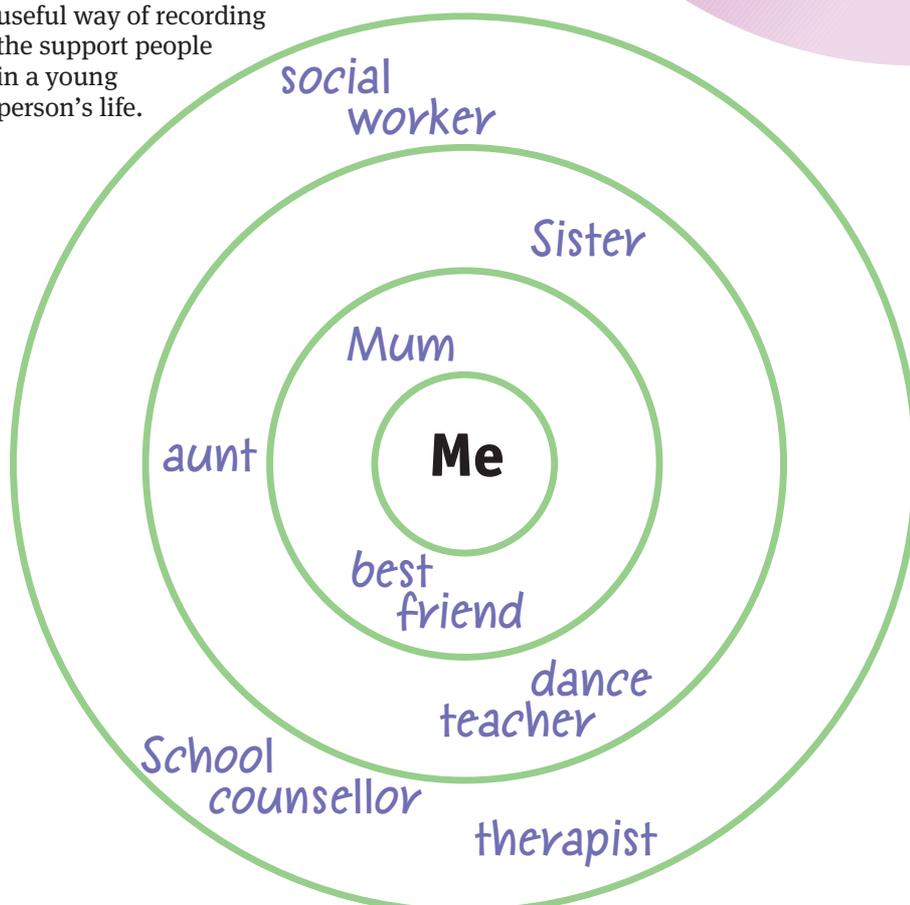
When a person inflicts pain upon himself or herself the body responds by producing endorphins, a natural pain reliever that gives temporary relief or a feeling of peace. The addictive nature of this feeling can make self harm difficult to stop.

Young people who self harm still feel pain, but some say the physical pain is easier to stand than the emotional/mental pain that initially led to the self harm.

Coping strategies

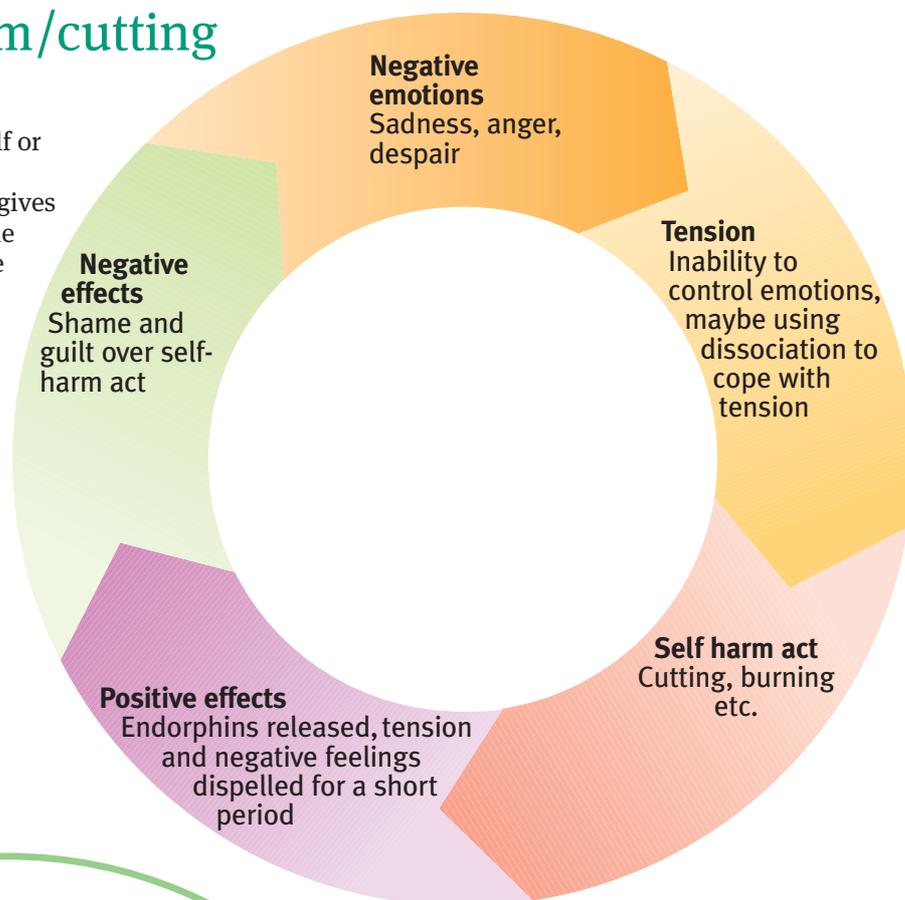
1 Using support networks

It is helpful to identify who can support the young person and how to get in touch with them. Examples are friends, family, school teacher, counsellor. Knowing how to access a crisis line is also important. **“My safety net”** (see appendix A) can be a useful way of recording the support people in a young person’s life.



Things I can do myself to cope with difficult feelings:

- Ring my friend up
- Go for a walk
- Have a relaxing bath
- Write down my feelings
- Watch a film on TV
- Listen to my favourite music



2 Distraction activities

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

Examples of distraction methods:

- Contacting a friend or family member
- Going for a walk/run or other forms of physical exercise
- Getting out of the house and going to a public place e.g. a cinema
- Reading a book
- Keeping a diary
- Looking after an animal
- Watching TV
- Listening to music

3 Coping with distress using self soothing

- Using stress management techniques such as relaxation
- Having a bubble bath
- Stroking a cat or other animal
- Going to the park and looking at the things around you (birds, flowers, trees)
- Listening to the sounds as you walk
- Listening to soothing music

4 Discharging unpleasant emotions in other ways

Sometimes it can be helpful to find other ways of discharging emotion which is less harmful than self harm:

- Clenching ice cubes in the hand until they melt – this can relieve some tension
- Writing, drawing and talking about feelings
- Writing a letter expressing feelings, which need not be sent
- Going into a field and screaming
- Hitting a pillow /soft object
- Listening to loud music
- Physical exercise can be a good way to discharge emotion

In the longer term a young person may need to develop ways of understanding and dealing with the underlying emotions and beliefs. Regular counselling/therapy may be helpful. Family support is likely to be an important part of this.

It may also help if the young person joins a group activity such as a youth club, a keep fit class or a school based club that will provide opportunities for them to develop friendships and feel better about themselves. Learning stress management techniques, ways to keep safe and how to relax may also be useful.

Reactions of staff

Staff may experience a range of feelings in response to self harm in a young person (e.g. anger, sadness, shock, disbelief, guilt, helplessness, disgust or rejection). It is important for all work colleagues to have an opportunity to discuss the impact that self harm has on them personally. The type and nature of the forums where these issues are discussed may vary between settings.

In schools young people may present with injuries to first aid or reception staff. It is important that these frontline staff are aware that an injury may be self inflicted, and that they pass on any concerns. Within residential settings, young people may present to a range of staff, including key workers, domestic staff, admin staff or cooks.

The urge to escape difficulties

For some young people with histories of abuse, self harm can be a way of signalling their experiences at a time when they cannot tell people what happened. Self harm may express the strong desire to escape from a conflict or unhappiness at home and to live elsewhere. Injuring oneself can achieve a temporary respite if it entails a hospital admission or a short break at the home of a friend or relative. The young person may request admission to foster care or a residential home and parents may doubt their ability to cope at this stage. Entering care carries with it many long-term disadvantages and increased vulnerability for the young person. It is far preferable to try to support the young person and family members in finding a resolution to their difficulties than to separate them further.

For those who are already in care, self harm may still be an expression of a desire to escape from their situation, for example, leaving the home. As before, it is important to support the young person, understand the nature of their difficulties and help them to find a way of resolving them.

If you believe that a young person would be at serious risk of abuse in returning home or in remaining in their residential setting, you should consult a Social Worker for advice.

How to help - within schools

1 First line help

- When you recognise signs of distress, record what you have observed
- Find a person whom the young person trusts who can find ways of talking with the young person about how they are feeling
- Build up a full picture of the young person's life by talking to their form tutor, year head, pastoral team, and any adults who come into contact with them. Find out their particular strengths and vulnerabilities.
- What appears to be important for many young people is having someone to talk to, who listens properly and does not judge. This person may be a mentor, counsellor, youth worker, school health nurse, teacher, personal connexions adviser, hub staff etc.
- It is important that all attempts of suicide or deliberate self-harm are taken seriously. All mention of suicidal thoughts should be noted and the young person listened to carefully.
- If you find a young person who has self harmed (e.g. overdose, self cut etc.) try to keep calm, give reassurance and follow the first aid guidelines as directed by school policy. In the case of an overdose of tablets (however small) advice must be obtained from a medical practitioner (GP or Accident and Emergency Department).
- Take a non-judgemental attitude towards the young person. Try to reassure them that you understand that self harm is helping them to cope at the moment and you want to help them, and explain that you need to tell someone. Try to work out together who is the best person to tell (see paragraph on confidentiality)
- Discuss with the young person the importance of letting parents know and listen to any fears they have about this.
- Contact parents (unless there are particular reasons why they should not be contacted) and discuss the school's concern. Give parents the parents' fact sheet (Appendix E) and help the parents to understand the self harm, so that they can be supportive to the young person.
- Consider referral to school counsellor or suggest to the parents a referral to CAMHS single point of access, or an appointment with the GP if there are serious medical issues. Ask for feedback from the parent so that the school can work with the young person.
- Social Work colleagues in the department of Social and Health Care should be informed if what the young person says or does raises child protection concerns. You may consider making a referral to MASH (multi-agency safeguarding hub). Follow the most recent OSCB Guidelines. Document any conversations you have had with the social worker. Record who you spoke to, the time, date and any advice they have given you to follow. Self harm, itself can be considered a safeguarding issue either if it is serious or if parents are not addressing it adequately.
- If your contact with the young person reveals that their future health and development are at serious risk, a referral should be made to the Children and Families Assessment Team, department of Social and Health Care. A consultation service is also provided by this team which can be done on a "no-names" basis.

- To make a referral to the Children and Families Assessment Team, department of Social and Health Care, use the form developed by this department to document your knowledge / observations of the young person and send/fax to the local Children and Families Assessment Team. Copies of the form are available via www.oscb.org.uk - professionals' page. If there is immediate risk, referral should be made by telephone in the first instance. You should inform the young person and parent(s) that you are making a social work referral unless it would compromise someone's safety to do so.

- If other agencies are already involved with the young person then it may be important to liaise with these agencies and work together.

- Follow up the parents' meeting with a letter indicating your concern (Sample Appendix B)

- Have crisis telephone numbers available and easily accessible to young people

- Follow the school policy of informing the senior management / leadership team of your concerns

- Record any incident

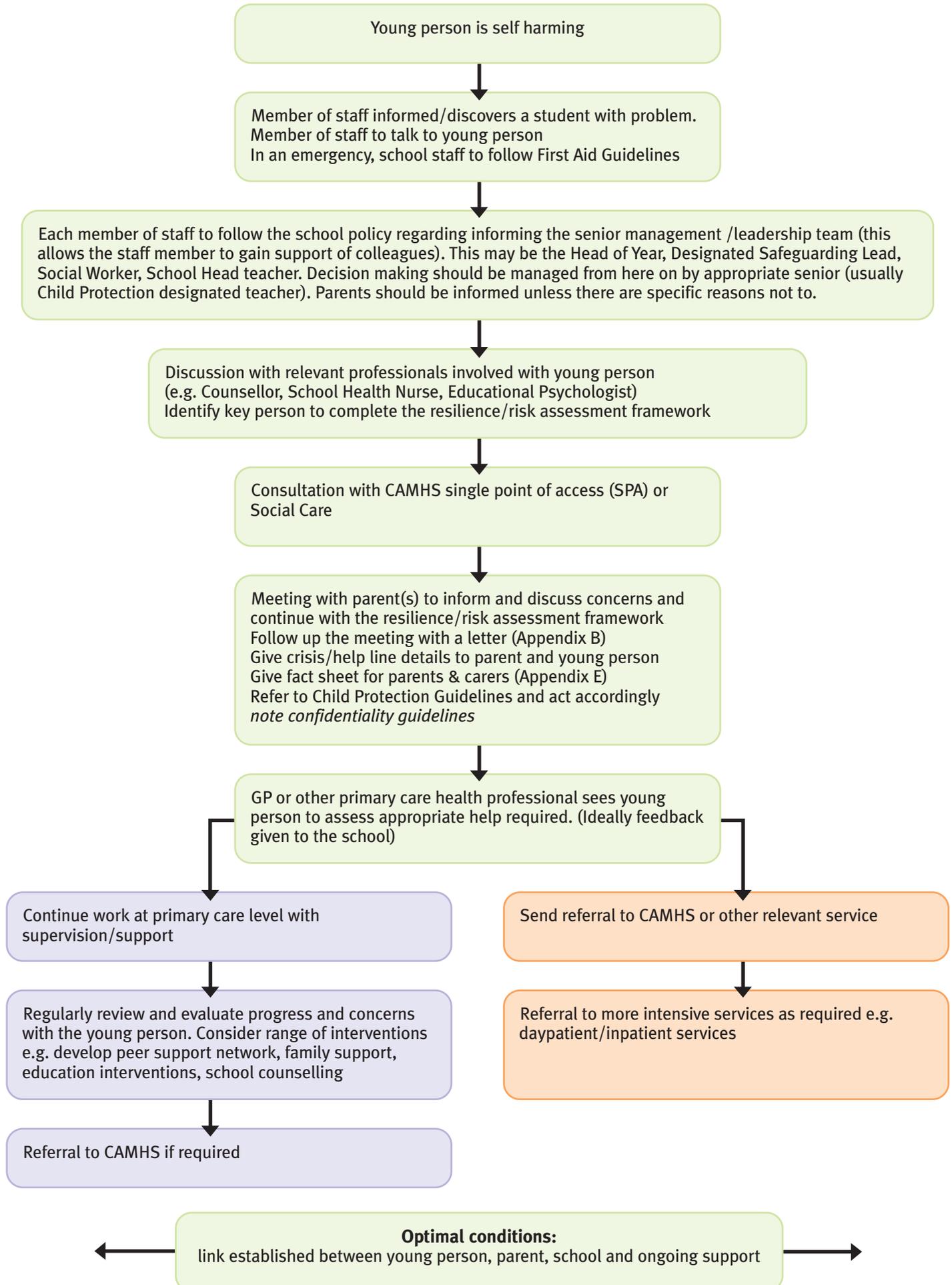
- Seek support for yourself

- Advice can be obtained from the PCAMHS telephone consultation service (See Appendix G)

2 Longer term support of a young person who self harms

It may be appropriate to provide more on-going support within school for a young person who is self harming. It is important that those who undertake this role feel able to do so and are fully supported by management.

Flow chart for young people in schools



How to help - within residential settings

1 First line help

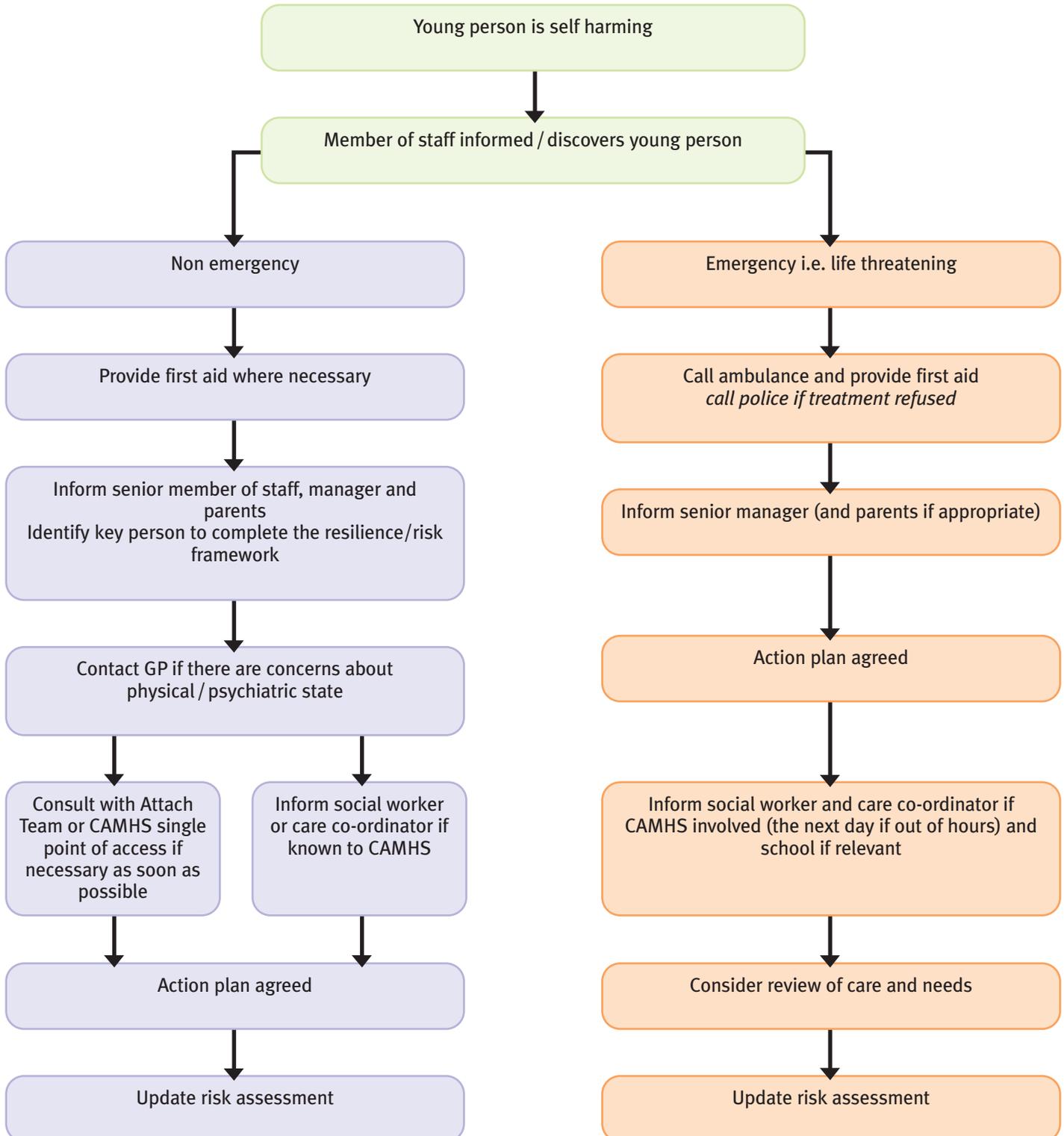
- When you recognise signs of distress, record what you have observed
- Find one key person who can coordinate support for the young person over shift changes.
- Have consistent staff approaches to ways of talking with the young person about how they are feeling.
- Build up a full picture of the young person's life on admission to the home, by looking at the care plans and essential information, talking to their social worker, parents and any adults who come into contact with them. Find out their particular strengths and vulnerabilities and complete a risk assessment. Complete the Mental Health Screening Questionnaire (MAYSI).
- What appears to be important for many young people is having someone to talk to, who listens properly and does not judge. This person may be their key worker, social worker, counsellor, youth worker, school health nurse, teacher, personal connexions adviser, etc.
- It is important that all attempts of suicide or deliberate self-harm are taken seriously. All mention of suicidal thoughts should be noted and the young person listened to carefully.
- Any mention of suicidal thoughts or intentions should be recorded and shared with the senior member of staff on duty.
- If you find a young person who has self harmed (e.g. overdose, self cut etc.) try to keep calm, give reassurance and follow the first aid guidelines as directed by school policy. In the case of an overdose of tablets (however small) advice must be obtained from a medical practitioner (GP or Accident and Emergency Department).
- Take a non-judgemental attitude towards the young person. Try to reassure them that you understand that self harm is helping them to cope at the moment and you want to help them, and explain that you need to share this with the Senior Manager on duty.
- Discuss with the young person the importance of letting parents or social worker know, where relevant and listen to any fears they have about this. Action needs to be planned and depends on their legal status.
- Contact the social worker and parents (unless there are particular reasons why parents should not be contacted) and discuss the concern of the residential unit. Give parents the parents' fact sheet (Appendix E) and help the parents to understand the self harm, so that they can be supportive to the young person.
- Make a referral to CAMHS single point of access, or to the GP if there are serious concerns about physical or mental health. If the young person refuses to go the GP surgery, it may be possible to arrange for a home visit in serious circumstances.
- During working hours, consultation can be obtained through the Attach team or through CAMHS single point of access telephone consultation service. If the young person is already known to CAMHS, then the care coordinator should be contacted.
- Outside working hours, if the young person is in a serious medical condition, the ambulance should be called as a matter of urgency. The senior manager should be contacted as soon as possible. If the young person has self harmed but is in a stable condition, the senior manager should be contacted to discuss a plan of action, including assessment by the GP. Parents should be informed. The social worker and care coordinator, if relevant, should be informed the next day.

- The young person's social worker and the Assessment Team within Social and Health Care Directorate should be informed if there are child protection concerns. Follow the OSCB Guidelines. Document any conversations you have had with the social worker. Record who you spoke to, the time, date and any advice they have given you to follow. Self harm itself can be considered a safeguarding issue either if it is serious or if parents are not addressing it adequately.
- If other agencies are already involved with the young person then it will be important to liaise with these agencies and work together.
- Have crisis telephone numbers available and easily accessible to young people
- Record any incident
- Seek support for your self
- Advice can be obtained from the CAMHS single point of access line. (See Appendix G)

2 Longer term support of a young person who self harms

It is important to understand the reasons behind the self harm and support the young person in keeping safe. Key workers should work with the young person to build up self esteem, develop problem solving skills and encourage strategies to cope with difficult feelings. If the young person is involved with CAMHS they should support attendance at appointments and encourage them to make use of the support offered.

Flow chart for young people in residential settings



Understanding the self harm

It may be helpful to explore with the young person what led to the self harm – the feelings, thoughts and behaviour involved. This can help the young person make sense of the self harm and develop alternative ways of coping.

Confidentiality

Confidentiality is a key concern for young people and they need to know that it may not be possible for their support member of staff or residential worker to offer complete confidentiality. If you consider that a young person is at serious risk of harming him/herself or others then confidentiality cannot be kept. It is important not to make promises of confidentiality that you cannot keep, even though the young person may put pressure on you to do so. If this is explained at the outset of any meeting the young person can make an informed decision as to how much information they wish to divulge.

Working with a young person in school or residential setting

See Appendix A for guidance on information sharing in professional networks

- Arrange a mutually convenient time and place to meet.
- At the start of the meeting set a time limit.
- Make sure the young person understands the limits of your confidentiality.
- Encourage them to talk about what has led them to self harm.
- Remember that listening is a vital part of this process.
- Support the young person in beginning to take steps to keep him/herself safe and reduce the self-injury (if they wish to), e.g.
 - washing implements used to cut.
 - avoid alcohol if they feel they are likely to self-injure.
- take better care of injuries (the school health nurse or first aider may be helpful here).
- Help them to learn how to express their feelings in other ways e.g. talking, writing, drawing or using safer alternatives (as described earlier).
- Help them to build up self esteem

- Help them to find their own way of managing their problems, e.g.
 - If they say they dislike themselves, begin working on what they say they do like.
 - If life at home is impossible, begin working on how to talk to parents/carers.
- Help them identify their own support network (Sample, Appendix D).
- Offer information about support agencies; remember some internet sites may contain inappropriate information.

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

Self harm and peer groups

- It is important to encourage young people to let you know if one of their group is in trouble, upset or shows signs of harming. Friends can worry about betraying confidence, so they need to know self harm can be dangerous to life, and by seeking help and advice for their friend they are taking a responsible action.
- The peer group of a young person who self harms may value the opportunity to talk to an adult, either individually or in a small group.
- Occasionally schools or residential settings may discover that a number of students in the same peer group are harming themselves. Self harm can become an acceptable way of dealing with stress within a peer group and may increase peer identity. This can cause considerable anxiety in school staff, parents and carers, as well as in other young people. It is important that each case is looked at individually in terms of levels of risk and need in the first instance. It is also important to consider what it is within the group dynamic that is leading to this situation and how best it can be managed. It may be helpful to discuss the matter openly with the group of young people involved.

Support for staff

Staff involved with young people who self harm may experience all sorts of reactions to this behaviour (e.g. anger,

helplessness, rejection); it is helpful for staff to have an opportunity to talk this through with work colleagues or senior management.

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

Training for staff

Staff taking this role should take the opportunity to attend training days on self harm or obtain relevant literature. Liaison with the local Primary Care CAMHS (PCAMHS) or Child and Adolescent Mental Health Service (CAMHS) may be helpful, or attendance at the Adolescent Self Harm Forum where peer networks and support can be established.

General aspects of prevention of self harm

An important part of prevention of self harm is having a supportive environment in the school or residential setting which is focused on building self esteem and encouraging healthy peer relationships. An effective anti-bullying policy and a means of identifying and supporting young people with emotional difficulties is an important aspect of this.

A check list of procedures and practices that can help manage and prevent self harm is to be found in **Appendix A**.

Suicide of young people

Although very rare, young people do occasionally take their own life and it is important for schools to follow clear protocols when this happens, in order to support staff and students and prevent further suicides. There is useful guidance for schools within the national guidance on suicide clusters and contagion commissioned by Public Health England (in reference list **Appendix G**).

Appendix A

1 The following section is taken from the OSCB inter-agency safeguarding procedures:

1.1 *Sharing information is vital for early intervention to ensure that children and young people with additional needs get the services they require. It is essential to protect children and young people from suffering harm from abuse or neglect and to prevent them from offending.*

1.2 *The sharing of information amongst professionals working with children and their families is essential. In many cases it is only when information from a range of sources is put together that a child can be seen to be vulnerable, in need or at risk of harm. Appropriate sharing with other practitioners and agencies is essential if children and families who may be in need of support and services are to be identified at an early stage before problems become serious. Sharing can also enable information from different cases to be put together and assist the process of assessing levels of concern and any potential risks.*

1.3 *In many instances a failure to pass on information that might have prevented a child suffering harm, would be far more serious and dangerous than an incident of unjustified disclosure.*

1.4 *Where there are concerns that a child may be being abused, there is no legal or ethical restriction on sharing information between Child Protection agencies. In most child protection investigations it would be highly unusual to request consent during the initial phase of an investigation because of the high risk of compromising the investigation. This is particularly the case when Police Officers and Social Workers are conducting a joint investigation. Information should always be exchanged when such disclosure is necessary for the purposes of Child Protection.*

1.5 *There is nothing to prevent disclosure of confidential information. Sharing information between agencies is lawful if:*

1.5.1 *Consent is given; or*

1.5.2 *The public interest in safeguarding the child's welfare overrides the need to keep the information confidential; or*

Guidance on information-sharing for Oxfordshire's self-harm networks

1.5.3 *Disclosure is required under a statutory obligation eg. Local Authority duty to investigate all cases where there is reasonable cause to suspect a child is suffering or is likely to suffer Significant Harm (Section 47 Children Act 1989).*

2 The Oxfordshire Self-Harm Networks are keen to ensure that information is shared for the purposes of safeguarding children and young people. Schools and organisations plan to share children's personal data where professionals are concerned to ensure that information is brought together in order to assess the level of concern and provide help to children and families. **It is good practice to seek consent from the young person and his/her parents to share information, unless to do so would increase the risk of harm to the young person.**

There are two circumstances in which information-sharing can take place if parental consent is not given:

2.1 When self-harm is known or suspected to be associated with abuse, neglect or exploitation. Disclosure to Children's Social Care (the Local Authority) is necessary **in order to investigate the likelihood of significant harm.** This should be done directly by any agency which considers a child to be at risk, and not wait for a Network meeting to be held.

2.2 Sharing of the child's personal data amongst the professional agencies, represented at the Network, **if the need to keep information confidential is over-ridden by the need to safeguard the child who is at risk of serious self-injury or suicide.** This information-share consists of a regular list which enables agencies to check their records and bring together information which may indicate that a child is at risk of this level of harm, or expose a wider range of risk factors than first anticipated.

3 Information can be shared **without parental consent** in the following circumstances:

- Children who have disclosed or shown symptoms of abuse, exploitation or neglect in connection with an incident of self-harm
- Children who have been admitted to hospital as a consequence of self-harm

- Children who are believed to have self-poisoned (using legal or illegal medications/drugs/alcohol) caused a serious physical self-injury, or attempted suicide

- Children who express suicidal intent with a plan for their suicide (suicidal ideation)

- Children who go missing and self-harm

- Children whose self-harming is escalating (eg nos of incidents/seriousness)

- Where the professional's assessment is that the child's risk of self-harm/suicide attempts exceed the school and/or the parents' capacity to manage and keep the child safe, after the school and parents have discussed the risks.

4 The information compiled by the agencies is shared at the Network meeting so that:

4.1 Schools and agencies are reassured that children who reach the threshold for a child protection investigation (s47) are referred to Children's Social Care.

4.2 Children's needs are considered for referrals to services eg Camhs, EI hub etc which can promote and support the reduction of self-harm incidents

4.3 The police are appraised of any evidence of criminal activity or threats in the community that may be placing children at risk of harm.

4.4 Trends and patterns affecting children's health and wellbeing can be identified and addressed.

5 Children's names and details must be kept **confidential within the network and kept in safeguarding files. When updating the data, names must be removed from the information-sharing list** as soon as it is assessed that the risk of harm has been reduced.

6 This guidance has been reviewed by the LA Legal Advisor to ensure it is compliant with the OSCB Information-Sharing Protocol.

Appendix B

Sample letter to parents following meeting about self harm

Dear (Parent/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 he/she may need professional help.

I recommend that you see your GP for advice and help and /or as agreed, we have sent a referral to PCAMHS.

We will provide support to, including referral to school counselling if indicated, 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:

Appendix C

Oxfordshire Resilience Risk Assessment Framework: Self Harm

Concerns with regard to a young person who has self harmed or who is self harming.

Child/Young person's name	
Age/Dob/Yr group	
Looked After?	Yes/No
Special needs?	
School/College	
Your name and designation	
Date of assessment is completed	
Number of heightened concerns	
Has the completed framework been discussed with parents?	Yes/No
If 'No', please give the reason for not sharing this info, or the date when it will be shared	
Actions you are planning to take (for example: discuss with parents, provide additional support, consult school nurse, school counsellor, refer to CAMHS, refer to Children's Social Care or Early Intervention Hub or Educational Psychologist. etc)	
Review date	

Notes on using the framework

The Framework is for frontline staff, in schools, hubs, social care and foster care/children's homes, to have a structured conversation with a young person and their family to explore the extent of the presentation of self harm. It can be used with parents and young people, or in professionals' meetings, colouring in one square of each pair of features. Additional notes can be added in the margins such as: what type of harm, how often, date first known, etc. This provides a cumulative picture of heightened or lowered concerns, which gives the information needed for deciding on an action plan. For example, on parental mental health: involving colleagues/other agencies to support the parents; or with a young person who has indicated peer pressure as a factor: planning closer supervision or a change of class group or a daily check in with a TA in school.

Having completed the risk assessment, consultation/referral to a children's

mental health worker can be accessed through CAMHS single point of access, or to children's social care via the multi-agency safeguarding hub.

Key ideas:

● Deliberate self harm is intentional self-poisoning or injury, irrespective of the apparent purpose of the act, (www.nice.org.uk). Self harm is an expression of personal distress, not an illness.

This can involve:

- Cutting, burning, biting
- Alcohol/substance abuse
- Head banging and hitting
- Taking personal risks
- Picking and scratching
- Neglecting oneself
- Pulling out hair
- Disturbed eating
- Over-dosing and self-poisoning



Young Person

- There are national standards for self harm (www.nice.org.uk). The guidelines make recommendations for the physical, psychological and social assessment and treatment of people in primary and secondary care, after having self harmed.
- These Self harm Guidelines are for all teachers in schools/colleges and staff in residential settings in Oxfordshire. Any professional concerned about a young person who has self harmed or who is self harming, might find the Guidelines useful.
- Given the nature of self harm, an assessment of risk is a priority. Such an assessment is only as good as the rapport established with the young person, the questions asked and the support offered.
- The young person needs to be seen in context: family, social networks, school, life events, special needs/mental health issues, and the availability of professional support.
- The focus of work with a young person who has self harmed or is self harming, needs to acknowledge their autonomy as an individual and their right to self determination. It should never be about the control of the young person.
- There are times when there are concerns about a young person who is self harming, such that advice should be given to parents regarding keeping the young person safe. This may feel like control to the young person at the time.
- The professional working with a young person should be well informed about self harm, committed to safeguarding/multi agency working and to including the family and the young person.
- The National Self harm Network has advice about self harm and resources which can be accessed by young people, families and professionals, (www.nshn.co.uk). There is no typical person who self harms. It can be anyone. An individual who self harms cannot and should not be stereotyped; they can be of all ages, any gender, sexuality or ethnicity and of different employment status.

Heightened concerns

- The young person is expressing an intention to self harm
- The young person has self harmed/is self harming
- The young person does not know/understand what self harm is and/or has no information about support agencies
- The young person has suicidal ideation
- The young person has expressed plans to kill him/herself
- The self harm is injurious to the point where the young person needs urgent medical attention
- The young person has self harmed on two or more occasions
- There are several methods of self harm, such that the risk of permanent damage is multiplied
- The self harm is hidden from view
- The self harm is kept a secret by the young person
- The young person is part of a group of young people who self harm. There is evidence of escalating frequency and severity of self harm by group members
- The young person frequently visits internet sites for those who self harm and this adversely impacts on their self harming behaviours
- The self harm is a part of a repertoire of behaviours which include alcohol/drug/substance misuse, whereby the young person is less aware of the consequences of her/his actions and less able to seek timely intervention if need be
- The young person is not willing to have a member of the family/extended family told about the young person's self harming behaviour
- There are concerns about the young person's mental health and well-being, for example depression, anorexia
- The young person has special educational needs which underpin challenges they face in life, whereby they are vulnerable
- The young person is under pressure at home, for example the young person is a young carer, other children in the family have difficulties, there is domestic abuse/violence
- The childhood of the young person has been disrupted by neglect and abuse and the young person is looked after/adopted
- The young person knows of a member of the family/extended family who has self harmed or is self harming
- The young person knows of a member of the family/extended family who has killed themselves
- The young person had a friend who has killed themselves

Lower concerns

- The young person is not known to have expressed an intention to self harm
- The young person is not known to have ever self harmed
- The young person knows what self harm is and has information about support agencies
- The young person has not thought about suicide
- The young person says he/she has not made plans to kill him/herself
- Given advice on first aid, the self harm can be managed by the young person
- The young person has self harmed on one occasion
- As far as is known, there is one method of self harm. After consultation, the risk of damage is perceived to be low
- The young person has not hidden the self harm
- The young person has talked about self harm to a protective adult
- The young person is part of a group of young people who self harm. The frequency and severity of self harm by the group appears stable
- The young person uses the internet to access sites for self harm support agencies which offer information and advice
- The self harm is an activity of choice by the young person, who demonstrates an awareness of the consequences
- The young person has told, or is willing, for a member of the family to be told about the young person's self harming behaviours
- As far as is known, the young person does not have mental health difficulties
- The young person has no special educational needs, or has special needs, but is well supported and coping with life on a day-to-day basis
- The family is supportive and as far as is known, the young person is not under pressure at home
- The young person has had continuity with regard to their place in their family of origin
- There is no member of the family/extended family known to the young person, who has self harmed
- There is no member of the family known to the young person, who has killed themselves
- There is no history of suicide in the peer group of the young person

Parent/Family

Heightened concerns

- The parent(s) does not know that the young person has self harmed or is self harming
- The parent(s) does not know/ understand what self harm is and doesn't have information about self harm and agencies which offer advice and support
- The parent(s) has self harmed or is self harming
- The family is unsettled: relationship breakdowns and frequent moves of house
- The family has problems whereby they cannot prioritise the needs of the young person who has self harmed or is self harming, without additional help
- The parent(s) have mental health difficulties which affect their capacity to parent and protect the young person
- The parent(s) have alcohol/ substance misuse problems whereby their capacity to parent and protect the young person is impaired

Lower concerns

- The parent(s) does know the young person has self harmed or is self harming, and is concerned and taking action to protect her/him
- The parent(s) knows what self harm is and has information about self harm and agencies which offer advice and support
- The parent(s) has no history of self harm
- The family is a stable unit with a settled lifestyle
- The family is able to prioritise the needs of the young person who has self harmed or is self harming
- The parent(s) have no mental health difficulties, or have mental health difficulties for which they have support and which don't affect their capacity to parent and protect the young person
- The parent(s) have no alcohol/substance misuse problems, or have misuse problems which do not adversely affect their capacity to parent and protect the young person

School

Heightened concerns

- The school is not aware that the young person has self harmed or is self harming
- The school has not got a copy of the most recent Self harm Guidelines
- The school sees self harm as a problem for the young person/family, which should be dealt with by professionals/agencies outside of school
- The school is not able to provide the young person with a named adult who is knowledgeable about self harm and available daily
- The young person's attendance at school gives cause for concern, ie attends less than 90% of the time
- The young person is isolated, or has difficulties making and sustaining peer friendships in school
- The young person has difficulties in expressing feelings and talking about problems
- The young person has learning difficulties in school which affect the young person's self-esteem and ability to make progress in school
- The young person has social, emotional and behavioural problems in school, which adversely affect relationships in school

Lower concerns

- The school is aware that the young person has self harmed or is self harming
- The school has a copy of the most recent Self harm Guidelines
- The school works well with outside agencies and sees the need to be part of multi agency working with regard to concerns about a young person who has self harmed or is self harming
- There is a key person in school who is well informed about self harm, with whom the young person can talk, and who is available daily
- The young person attends school regularly, more than 90% of the time
- The young person has one or more peer friendships, which are dependable, reciprocal and helpful to the young person
- The young person can express feelings and talk about problems to a trusted peer/adult
- The young person has no learning difficulties, or has learning difficulties for which the young person has support and is making progress in school
- The young person has no social, emotional and behavioural problems in school and is able to behave appropriately and make relationships

Professional Support

Heightened concerns

- A family member or trusted adult knows the young person has self harmed/is self harming and takes no action
- Advice given to the young person does not follow the Self harm Guidelines
- The person supporting the young person does not seek consultation /supervision and support for themselves
- The person supporting the young person does not inform the family, thereby the family is not helped to understand and support their young person

Lower concerns

- A family member or trusted adult knows the young person has self harmed/is self harming and takes action to get help for the young person
- Advice given to the young person follows the Self harm Guidelines
- The person supporting the young person has access to and uses, consultancy, supervision and support
- The person supporting the young person informs the family and helps them to understand and seek support for the young person

Heightened concerns

- No notes are made with regard to the concerns and actions taken on behalf of the young person, or the notes made are unclear and not available to the professional network if need be
- The person supporting the young person does so without informing the relevant professionals in the network around the young person, family and school
- Professionals/agencies which offer support to young people, have long waiting lists whereby a prompt response for a young person who is self harming, is not available
- The young person is not engaged in a trusting relationship with a professional

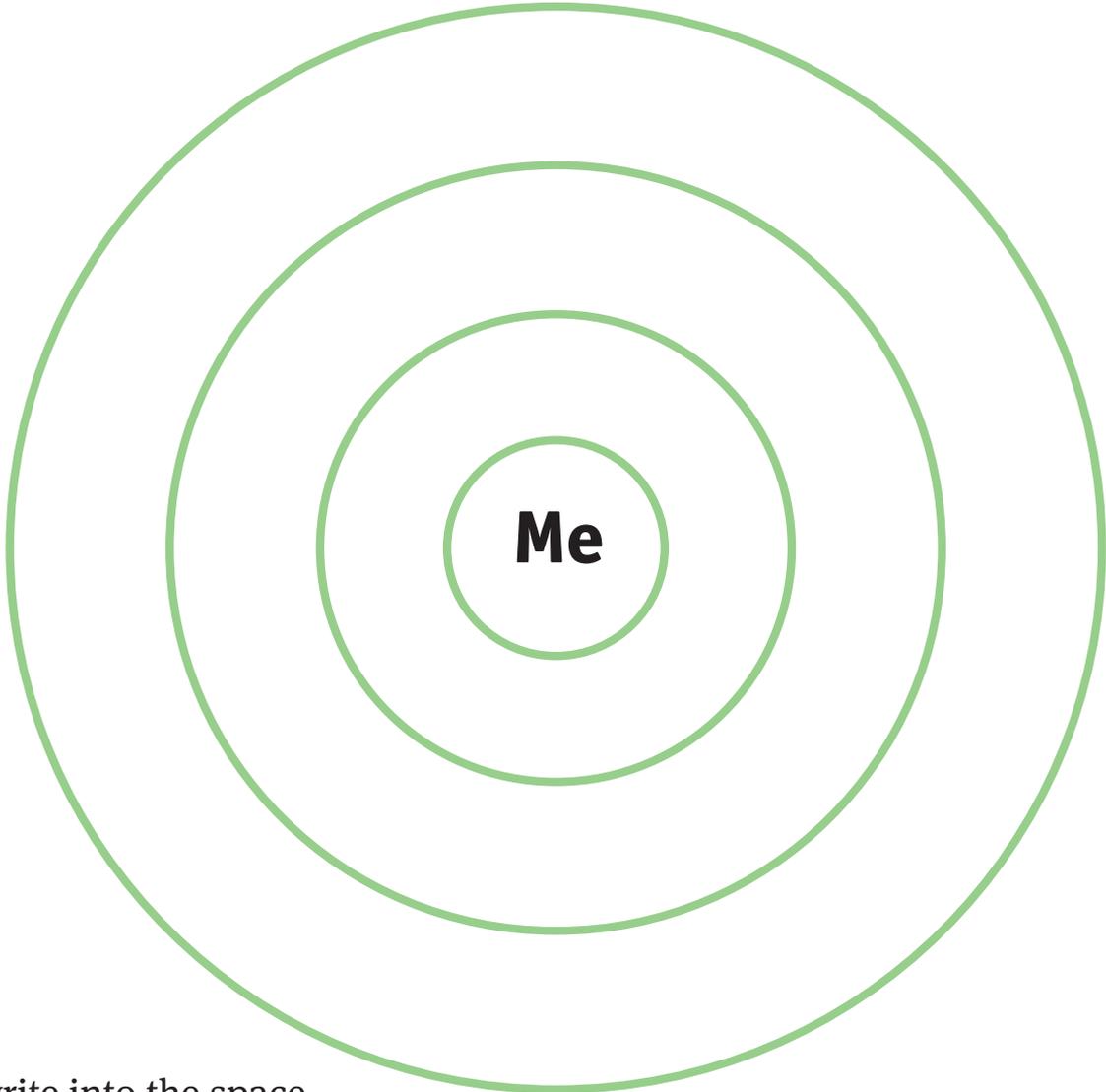
Lower concerns

- Notes made with regard to the concerns and actions taken on behalf of the young person, are made contemporaneously, are clear and available for scrutiny, if the need arises.
- The person supporting the young person engages with the relevant professionals in the network around the young person, family and school
- Professionals/agencies which offer support to young people have a system for a prompt response for a young person who is self harming
- The young person has a trusting relationship with a professional in whom they can confide

Appendix D My Safety Net

There are different types of people in our lives; try to identify some people in each of the three groups alongside that you would feel comfortable talking to:

- 1 Family and close friends
- 2 Friends and people you see every day
- 3 Helplines and professional people you could go to for help



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

Things I can do myself to cope with difficult feelings:

●	●
●	●
●	●

Appendix E Fact sheet for parents/carers on self harm



It can be difficult to find out that someone you care about is harming him or herself. As a parent / carer you may feel angry, shocked, guilty and upset. These reactions are normal, but what the person you care about really needs, is

support from you. They need you to stay calm and to listen to them. The reason someone self harms is to help them cope with very difficult feelings that build up and which they cannot express. They need to find a less harmful way of coping.



What is self harm?

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

How common is self harm?

Over the last forty years there has been a large increase in the number of young people who harm themselves. A recent large community study found that in 15-16 year olds, approximately 6.9% of young people had self harmed in the previous year.

Is it just attention seeking?

Some people who self harm have a desire to kill themselves. However, there are many other factors which lead people to self harm, including a desire to escape, to reduce tension, to express hostility, to make someone feel guilty or to increase caring from others. Even if the young person does not intend to commit suicide, self harming behaviour may express a strong sense of despair and needs to be taken seriously. It is not just attention seeking behaviour.

Why do young people harm themselves?

All sorts of upsetting events can trigger self harm. Examples are: arguments with family, break up of a relationship, failure in exams or bullying at school. Sometimes several stresses occur over a short period of time and one more incident can be the final straw.

Young people who have emotional or behavioural problems or low self-esteem can be particularly at risk from self harm. Suffering a bereavement or serious rejection can also increase the risk. Sometimes young people try to escape their problems by taking drugs or alcohol. This only makes the situation worse. For some people self harm is a desperate attempt to show others that something is wrong in their lives.

What can you do to help?

Try to:

- Keep an open mind
- Make the time to listen
- Never forget to tell them that you love/care about them
- Help them find different ways of coping
- Go with them to get the right kind of help as quickly as possible

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

- Your family doctor
- Young Minds Parents Information Service.
Tel: 0808 802 5544
- The Samaritans.
Tel: 08457 90 90 90
- MIND Infoline.
Tel: 0845 766 0163
(Self help books also available)
- Information leaflet available through:
www.nch.org.uk/self harm

Appendix F Information sheet for young people on self harm

What is self harm?

Self harm is when 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 7% (i.e. 7 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
- Losing someone close; this could include someone dying or leaving
- Feeling under a lot of pressure at school or at home



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 e.g. 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
- **Help lines**

Young Minds.

Tel: 0808 802 5544
youngminds@org.uk

The Samaritans.

Tel: 08457 90 90 90
jo@samaritans.org.uk

MIND Infoline.

Tel: 0845 766 0163
Self help books also available

Youth Access.

Tel: 0208 772 9900

- **Another useful address is**

National Self Harm Network
PO Box 16190
London NW1 3WW
www.nshn.co.uk



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 him/her.
- 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.

Appendix G

Useful contacts

Young MINDS

Monday and Friday 10am - 1pm
Tuesday - Thursday 1pm - 4pm

Tel: 020 7089 5050

Youngminds@Ukonline.co.uk

Young MINDS Parents Information Service

Tel: 0800 802 5544

Self harm support (formerly Bristol Crisis Service for Women)

Friday and Saturday 9pm - 2:30am
Sunday 6pm - 9pm

National helpline **0117 927 9699**

Samaritans

24 hour helpline **116 123** (free line)

Childline

24 hr helpline **0800 1111**

CALM (Campaign Against Living Miserably) support for men

7 days a week 5pm - 3am

Helpline for 15 - 24 year old males

0800 58 58 58

Websites

NCH

useful website for information on self harm

www.nch.org.uk/selfharm

The Young People and Self-Harm Information Resource Website

www.ncb.org.uk/selfharm

Self-Injury and Related Issues (SIARI)

www.siari.co.uk

National Self-Harm Network

PO BOX 16190

London NW1 3WW

www.nshn.co.uk

Oxfordshire Safeguarding Children Board

www.oscb.org.uk

Contact details for community CAMHS:

North Oxfordshire CAMHS

Tel: 01865 904105

Central Oxon CAMHS

Tel: 01865 902720

South Oxfordshire CAMHS

Tel: 01865 904700

Oxon OSCA and Crisis

Tel: 01865 902576

Out of hours for all emergency referrals (24/7):

Warneford Co ordination centre

01865 901000

Trust website:

www.oxfordhealth.nhs.uk

Contact details for Consultation lines

CAMHS Single Point of Access consultation line (for professionals)

Tel: 01865 902 515

Multi-agency safeguarding hub (MASH)

0845 050 7666

Useful references

Hawton, K. (2006) By their own young hand. Deliberate self harm and suicidal ideas in adolescents. Jessica Kingsley Press

Schmidt, U and Davidson, K. (2000) Life after self harm: A guide to the future. Hove: Brunner-Routledge

Smith, J. (2012) The parents' guide to self-harm. What parents need to know. Lion Books

National Institute for Clinical Excellence (2011). Self-harm in over 8s: long-term management. Nice CG133.

Public Health England (2015). Identifying and responding to suicide clusters and contagion. A practical resource. PHE publications gateway number: 2015314

National Institute for Clinical Excellence (July 2004) Self harm: The short-term physical and psychological management and secondary prevention of self harm in primary and secondary care. The British Psychological Society.
<http://guidance.nice.org.uk>

National Institute for Clinical Excellence (July 2004) self harm: Quick reference guide. The British Psychological Society.
<http://guidance.nice.org.uk>

Self harm

Self harm Guidelines for staff within school and residential settings in Oxfordshire

Developed by the Adolescent Self Harm Forum (Oxfordshire)