

Responding to Incidents of Self-Harm

Self Harm Concern is identified through:
 Disclosure of information from the young person, friend, family member, staff member or other source
 Self harm behaviour is witnessed

Is there evidence that the young person has suffered a serious injury including deep cuts, serious burns or has ingested any harmful substance?

No	Yes
<p>Remain calm</p> <p>Administer First Aid as required</p> <p>Inform a member of SMT</p> <p>Arrange a suitable space to speak to the young person privately</p> <p>Explain boundaries of confidentiality and consent – parents/carers should always be informed unless you have good reasons related to care and welfare or the young person is 16 or over and refuses consent</p> <p>Conduct risk assessment</p> <p>Remain with the young person</p> <p>Remove any potential harmful objects or substances</p> <p>Record the incident in pastoral notes</p>	<p>Remain calm and stay with the young person at all times</p> <p>Contact emergency services - 999</p> <p>Administer First Aid as required</p> <p>Inform Parents/Carers and line manager – follow Child Protection protocols regardless of consent from the young person</p> <p>Inform Social Work through Request for Assistance 577 8300</p> <p>Remove any potential harmful objects or substances. If necessary search belongings if a weapon is suspected but not handed over by the young person.</p> <p>Record the incident in pastoral notes as a significant event.</p>

Risk Assessment		
Low Level of Concern	Medium Level of Concern	High Level of Concern
<p>Self-harm is unlikely to cause serious harm; cuts (if present) are not deep Self-harm is very infrequent YP has no thoughts of suicide or plan YP is willing to talk to someone YP has a high number of protective factors YP has little history of self-harm, a generally manageable amount of stress, and at least some positive coping skills and some external support.</p>	<p>Self-harm is unlikely to cause serious harm Self-harm is occurring more regularly Injuries require First Aid treatment Method of self-harm has changed YP has thoughts of suicide but no plan YP is willing to talk to someone Risk factors are present</p>	<p>Self-harm is escalating in seriousness and frequency Injuries require hospital treatment YP has thoughts of suicide YP has had a previous suicide attempt High number of risk factors present and low level of protective factors YP is reluctant to talk to someone YP has few positive supports or coping strategies</p>
Actions	Actions	Actions

<p>Seek consent to share information with parents/carers Support YP to create a safe plan Agree arrangements for check-ins Share signposting information Keep in regular contact and be aware of any changes in presentation Consider the need for a Stage 2 Wellbeing Plan Debrief all staff involved</p>	<p>Seek consent to share information with parents/carers Support YP to create a safe plan Agree arrangements for check-ins Create Stage 2 Wellbeing Plan Release the child to parent or carer Share signposting information Consider referral to Healthier Minds Service, CAMHS or SW Keep in regular contact and be aware of any changes in presentation Debrief all staff involved</p>	<p>Inform parents/carers regardless of consent from the YP Inform Request for Assistance Support YP to create a safe plan Agree arrangements for check-ins Create Stage 2 Wellbeing Plan Share signposting information Refer to CAMHS Release the child to parent or carer Debrief all staff involved</p>
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<p>Actions for all incidents:</p> <p>Encourage and support young person to discuss concerns with parents/carers</p> <p>Signpost to Healthier Minds and relevant support organisations</p> <p>Complete incident form</p> <p>Record in Pastoral Notes</p> <p>Complete Risk Assessment</p> <p>Create a Safe Plan in collaboration with the young person</p>
