

Priory Park Community School



Self-Harm Policy 2023 -2026

Reviewed by Priory Park Community School Governing Board

Date Reviewed:

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Ofsted Rating



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1. **Mental Health and Wellbeing**

Priory Park Community School is committed to safeguarding and promoting the mental health and wellbeing of young people attending our school and expects all staff and volunteers to share this commitment.

We aim to provide a safe and welcoming environment where young people are respected and valued and mental health and wellbeing for our whole school community (young people, staff, parents, and carers), is recognised as an important factor in learning and achievement at school.

The World Health Organisation states that “Mental Health is a state of wellbeing in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community.”

Our aim is to support young people to not only cope with life, but to thrive and have successful futures.

2. **Priory Park Community School Named Supporting Staff Roles**

Named Mental Health Lead: Miss Stephanie Loftus

Designated Safeguarding Lead (DSL): Mrs Julie Davies

Deputy Designated Safeguarding Lead (DDSL): Mrs Natalie Kirby

SENDSCO: Miss Stephanie Loftus

Pastoral Managers: Mrs Sally Webb and Mr Andrew Feledziak

Senior Leadership Team: Headteacher Mr Stuart Playford, Deputy Headteacher, Mr Tim Hucknall, Designated Safeguarding Lead Mrs Julie Davies

Named Governor with Lead on Mental Health: Mrs Jo Wood.

3. Links to Relevant Policies and Supporting Documentation

Priory Park Community School

Priory Park Community School Safeguarding Information

Priory Park Community School SEND Information

Priory Park Community School Self Harm Policy (2023-2026[JA2])

Priory Park Community School Team Teach

Dudley Borough

All About Dudley_ Dudley Mental Health Needs Assessment (2016)

Dudley Send Strategy (2021-2024) Dudley Safeguarding

National

Overview | Self-harm: assessment, management and preventing recurrence | Guidance | NICE (2022)

GOV. UK Keeping Children Safe in Education 2022 Safeguarding (DfE update 2021)

GOV.UK Equality Act (2010) GOV.UK Bullying at School RHSE Curriculum (DfE update 2021)

Promoting and Supporting Mental Health and Wellbeing in Schools and Colleges 2021 updated 2022

Promoting and Supporting Mental Health and Wellbeing in Schools and Colleges 2021 updated 2022

Mental Health of Children and Young People in England 2021 - wave 2 follow up to the 2017 survey - NDRS (digital.nhs.uk)

Promoting Children and Young People's Mental Health and Wellbeing (GOV.UK 2015 updated 2021)

Special Educational Needs and Disabilities Code of Practice: 0 – 25 years (GOV.UK Jan 2015 updated 2020)

Transforming Children and Young People's Mental health Provision: A Green Paper Outcome- (GOV.UK 2018)

Mental Health and Behaviour in Schools (DfE 2018)

This policy should be read in conjunction with the following policies:

Safeguarding

Priory Park Community School Safeguarding Information

Priory Park Community School Team Teach

GOV. UK Keeping Children Safe in Education 2022

Safeguarding (DfE update 2021)

SEND

Priory Park Community School SEND Information

Medical Conditions

Dudley Medical Conditions

Mental Health and Wellbeing

Priory Park Community School Mental Health and Wellbeing Policy (2023-2026)

4. Policy Context and Purpose

As with safeguarding, self-harm is everybody's business.

While self-harm prevalence statistics are unreliable because it is a problem that is sometimes hidden, a recent national study reported that 7.3% of girls, and 3.6% of boys, aged 11 to 16, had self-harmed or attempted suicide at some point. Self-harm can occur at any age, but there is evidence that there has been a recent increase in self-harm among young people in England. (NICE 2022).

We recognise that all school staff including non-teaching staff and the Governing Board can play an important role in preventing self-harm, building resilience, and supporting young people and parents/carers of young people engaging in self-harm.

This policy is informed by Recommendations | Self-harm: assessment, management and preventing recurrence | Guidance | NICE (September 2022).

5. Policy Aims

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- To increase understanding and awareness of self-harm
- To alert staff to warning signs and risk factors for self-harm
- To understand how to respond to young people and assess self-harm needs
- To provide support to staff dealing with young people who self-harm
- To provide support to young people who self-harm and their peers and parents/carers.

6. What is Self-Harm

Self-harm is defined as 'intentional self-poisoning or injury irrespective of the apparent purpose of the act' and can happen at any age, but currently is most common in young people in England. (NICE 2022).

The nature and meaning of self-harm can vary greatly from one young person to the next, and the reason or trigger for each action may differ on each occasion. Young people may intentionally damage or injure their body as both a planned act and as an impulsive act.

Self-harm is a term used to describe a range of behaviours and actions. It is important to be aware of signs that a young person is self-harming. Below is a *non-exhaustive* list of some of the behaviours that maybe considered self-harm:

- Scratching or picking skin
- Cutting body
- Tying something around body
- Inserting things into body
- Scouring/scrubbing body excessively
- Banging/hitting/bruising the head/other parts of the body
- Pulling out hair
- Over/under eating
- Excessive drinking of alcohol
- Taking non-prescriptive drugs
- Burning/Scalding
- Hitting hard surfaces with fists/head
- Taking an overdose or swallowing something hazardous
- Self-strangulation
- Holding breath
- Holding bowel movements
- Risky behaviours such as running into the road
- Inappropriately using aerosols
- Episodes of alcohol/drug/substance misuse

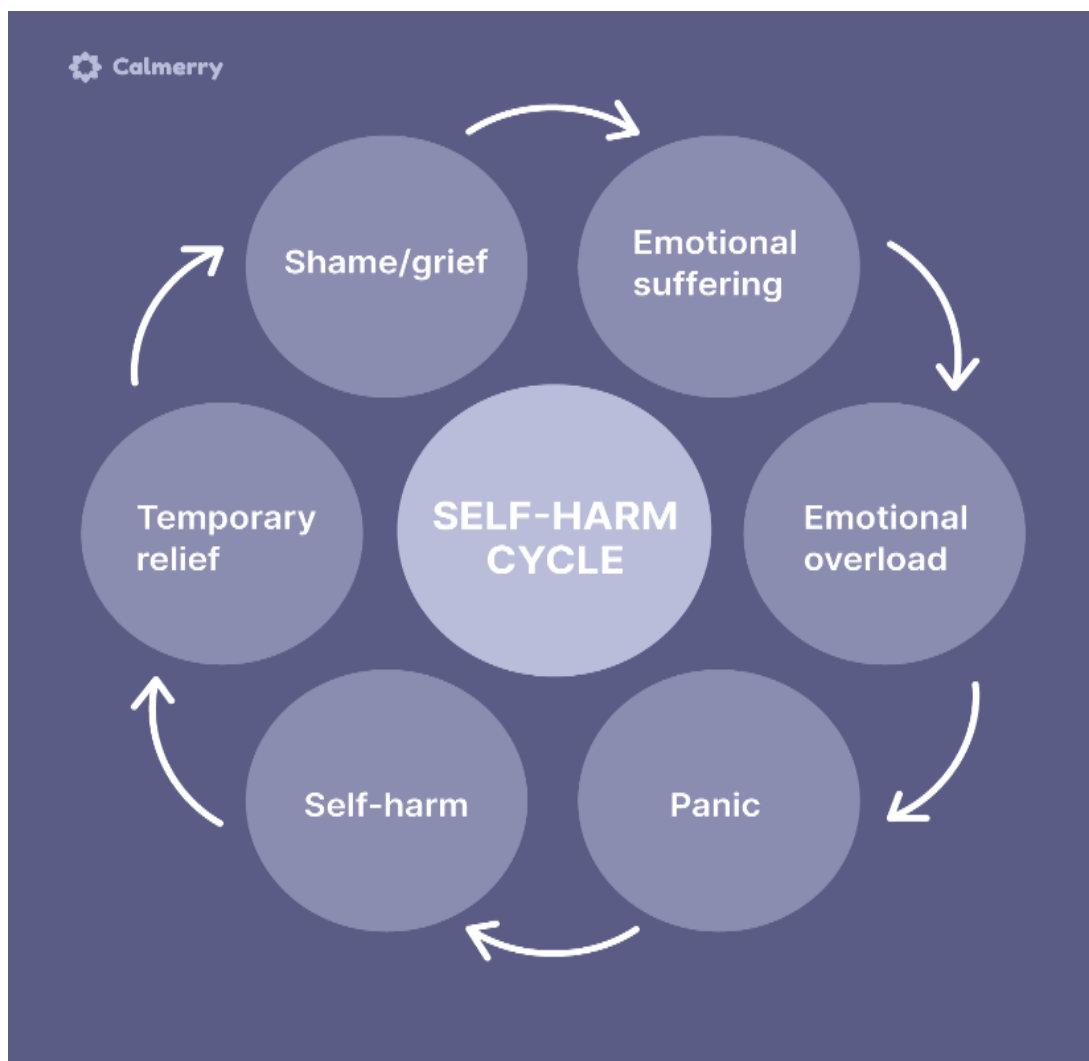
7. Why do Young People Self-Harm

There are a range of reasons why young people self-harm, some common reasons include:

- **To deal with distressing experiences and difficult emotions:**
Self-harm can occur at times when young people feel overwhelmed, exposed, anxious, stressed, angry, unable to cope and /or unable to express themselves. Self-Harm can lead to feelings of relief, calmness and of being in control. Young people may also self-harm to deal with feeling unreal, numb, isolated, or disconnected. Self-harm in these circumstances may lead to feelings of being more real, more alive, functioning, and able to cope in the short term. Some young people self-harm because physical pain seems more real and therefore easier to deal with than emotional pain.
- **To enlist help or concern:**
For some young people, self-harm is a way of expressing their distress. However superficial self-harm appears, it should not be assumed to be 'attention seeking behaviour'. Self-harm is almost always a sign that something is wrong and needs to be taken seriously. Avoid making judgements or assumptions about why someone has self-harmed.
- **To keep people away:**
Some young people self-harm with the intention of making themselves unattractive to others or to prevent others from getting close.

8. The Cycle of Self-Harm

When a young person inflicts pain on their body, the body responds by producing endorphins, a natural pain reliver which 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 pain that led to the self-harm initially.



8. Risk Factors

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

Individual Factors

- Depression/Low mood/Anxiety
- Poor Communication Skills
- Low self-esteem
- Poor problem-solving skills
- Hopelessness
- Impulsivity
- Drug/alcohol misuse
- Stress or worries about schoolwork or peers

Family Factors

- Unreasonable Expectations
- Neglect or physical, sexual, or emotional abuse
- Poor parental relationships and arguments
- Depression, self-harm, suicide in the family
- Single parent family
- Parental illness

Social Factors

- Minority status
- Problems in relation to race, culture, or religion
- Problems regarding sexual orientation or identity
- Media portrays glamorise self-harm or suicide 'victim' and elicit 'copycat' responses by vulnerable children and young people
- Difficulty in making relationships/loneliness
- Being bullied or rejected by peers
- Arguments with friends
- Friends who self-harm

School

- Pressure to perform well
- Exam pressure

Features of the Immediate Context

- Access to the means to cause self-harm
- Being alone
- Social exclusion
- Alcohol/Drugs

9. Factors which Increase Risk

When working with young people, it is important to develop an understanding of the level of risk they present to themselves and to remember this can change over time:

- Use of alcohol and drugs when self-harming can increase recklessness and impulsiveness
- Feelings of hopelessness about life (i.e., 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 young people perceive to be the benefits.

SEND

Self-harm can form part of the young person's profile of behaviour (e.g., a young person with autism may repeatedly bite their arms). Changes in the frequency or severity or site of self-harm is a cause for concern. Self-harm may be the only way a young person with communication difficulties can display their emotional distress.

Parents/Carers

Refusal or unwilling to engage with support by the young person's parents/carers may constitute a safeguarding/child protection issue and a referral to Dudley CAMHS – Children and Family Service should be considered.

Suicidal Thoughts and Self-Harm

It is a normal part of life for young people to feel down and sad sometimes. But if these feelings become deep and intense, young people may start to experience suicidal thoughts. These thoughts may be less around the young person wanting to die and more around not knowing how they can continue to live the life they have. Self-harm maybe a way for young people to express suicidal feelings and thoughts without taking their own life. To start the support process, use the Priory Park Community School Self-Harm Support Plan. (Appendix 2)

If a young person states they wish to die and they have a plan in place to take their life or you are concerned about the ability of a young person to keep themselves safe from harm, stay with them, recruit support and inform your Designated Safeguarding Lead (DSL) Mrs Julie Davies or Deputy Designated Safeguarding Lead (DDSL) Mrs Natalie Kirby or any member of the Senior Leadership Team. The young person will need to be seen urgently by a Healthcare Professional and the Police informed. Follow Priory Park Community School Safeguarding Policy for contacting the Police and parents/carers.

The above Risk Factors are not an exhaustive list and serve only as a guide. Assessing risk should be in collaboration with the young person and the (DSL/DDSL) or a member of the Senior Leadership Team.

10. Warning Signs of Self-Harm

It may be hard to know if a young person is self-harming, as individual warning signs and risk factors may vary according to age. However, staff may become aware of changes of behaviour which may act as a warning sign that the young person is having trouble that may lead to thoughts of self-harm or suicide:

- Changes in eating/sleeping habits (e.g., student may appear overly tired if not sleeping well)
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood e.g., more aggressive or introverted than usual
- Lowering of academic achievement
- Talking or joking about self-harm or suicide
- Expressing feelings of failure, uselessness, or loss of hope
- Changes in clothing e.g., wearing long sleeves
- Reluctance to participate in previously enjoyable physical activities i.e., swimming/PE
- Risk taking behaviour (substance misuse/unprotected sex)
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Warning signs should **ALWAYS** be taken seriously and staff observing any of these warning signs should seek further advice from the Designated Safeguarding Lead (DSL) Mrs Julie Davies or Deputy Designated Safeguarding Lead (DDSL) Mrs Natalie Kirby or any member of the Senior Leadership Team.

11. Roles and Responsibilities

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Governing Board

- Define the policy and principals of managing self-harm
- Have professional curiosity as to whether the policies and principals are upheld in practice without getting into individual casework, unless involved via the complaint process
- Challenge school leaders regarding the effectiveness of support given to pupils
- Deal with complaints under the formal Priory Park Community School Complaints Policy.

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Head/Deputy Head

- Line manage and guide the policies and principals
- Assess the quality of support given to pupils and ensure that change and improvement is responsive and cyclical
- Ensure staff responding to self-harm are given support, supervision, and opportunities to talk informally about how they may be impacted.

Designated Safeguarding Lead/Deputy Designated Safeguarding Lead

- Receive and manage information regarding self-harm and decide on the appropriate course of action and level of support required
- Manage who needs to know what to support the young person
- Update CPOMS.

School Staff and Teachers

If a child is self-harming, staff should not respond alone.

Self-harming behaviours should be taken very seriously.

Follow school safeguarding procedures carefully.

Update and seek advice from the (DSL/DDSL) or a member of the Senior Leadership Team. Update CPOMS.

Communication

- Update CPOMS with accurate records of incidents of self-harm and concerns
- Assist in a MASH referral as advised by the (DSL/DDSL) or a member of the Senior Leadership Team
- Parent/carer involvement is to be encouraged unless there is a sound reason not to do so, or if to do so would put the young person at risk of further harm
- Challenge school leaders if you believe that decision making is wrong or not enough is being done to support and young person. Seek escalation if necessary.

Confidentiality

- It is important to have a conversation with the young person of concern about confidentiality as soon as possible.
- The conversation will include making the young person aware that where there are concerns about their safety, other people will need to be informed, but wherever possible they will be made aware of this, and consent will be sought.
- However, if staff consider the young person is at serious risk of harming themselves, then confidentiality will not be kept. The young person needs to be aware of the limitations of confidentiality.

Safety is a priority over confidentiality.

It is important that staff do not promise young people that self-harm will be kept confidential.

- Throughout the process, staff need to ensure there is transparent communication with the young person explaining clearly what has or will be done, who has been told and next steps to be taken - all of which should be decided where possible in collaboration with the young person.

Peer Disclosure

- It is important to encourage young people to say if one of their peers is in trouble or upset or showing signs of self-harm.
- Friends can worry about betraying a confidence so they need to know that self-harm can be very dangerous and that by seeking help and advice for a friend they are taking responsible action and being a good friend.
- Friends disclosing concern should also know that their friend will be treated in a caring supportive manner.
- The peer group of a young person may also value the opportunity to talk to a member of staff individually or in a small group.

Group Self-Harm

- Staff may observe a self-harm trend with a range of young people across different year groups participating in a specific form of self-harm.
- Group self-harm has different motivations than individual self-harm and should be addressed primarily as a behavioural issue.

Group self-harm generally consists of:

- A group of students self-harming together
- Usually cutting or burning
- Injuries are on display rather than hidden

The group should be addressed as a whole, and a zero-tolerance policy implemented along with the following guidance:

- Injuries to be covered
- Long sleeves to be worn in PE as necessary
- Self-harm incidents should be responded to in a practical manner

Staff should also arrange to talk privately with each individual member of the group to assess for dependence on self-harm to cope with difficult situations.

The same young people should be followed up on a regular basis to determine if self-harm is ongoing and to offer appropriate support as required.

Update CPOMS and the (DSL/DDSL) or a member of the Senior Leadership Team if you have any concerns regarding Group Self Harm and ask for advice and support.

Staff Support

Staff support is available to talk things through.

Consider speaking to your line Manager, a member of SLT or HR.

Resources (Appendix 3).

Be aware of local services, resources, leaflets, and relevant information on self-harm.

Young People Need to be Aware:

- any disclosure of self-harm will be taken seriously, and action taken.
- staff will also acknowledge the courage and trust shown in young people disclosing self-harm, and treat the matter with empathy and understanding, and involve young people in the process of their care and inform them of the limits of confidentiality.

In return, it is expected that young people who self-harm:

- talk to a staff member if they are in emotional distress
- keep any wounds/injuries covered and dressed where needed
- manage which other students they talk to about their issues, as not all young people have the capacity to understand self-harm or to be helpful to others
- alert a member of staff if they suspect a fellow pupil is at serious risk of harm to themselves and understand when confidentiality must be broken.

Parents/Carers are Encouraged to:

- endorse the Priory Park Community School approach to dealing with self-harm and education awareness raising
- work in partnership with the school with a shared plan for supporting their child
- ask for help with their own emotions
- seek professional support offered by the school and outside agencies
- use resources available through recommended websites such as

[Problems at school | How To Deal With Problems At School | YoungMinds](#)

Action to be Taken by ALL Staff Following a Self-Harm Incident Appendix 1.

A. Deal with Medical Requirements

- Locate the young person (if not already done so)
- Assess if urgent medical attention is required (e.g., heavy bleeding/overdose/unconscious/suicidal) – if so call 999
- Administer First Aid as required by an appropriately trained person
- Self-inflicted injuries should be treated with First Aid as per Priory Park Community School First Aid Policy
- Keep calm and be reassuring to the young person
- The immediate safety of the young person is paramount, and a member of staff should remain with the young person at all times
- Follow Priory Park Community School Safeguarding Policy for contacting the Police and parents/carers.

B. Communication

- Inform the (DSL/DDSL) or a member of the Senior Leadership Team and ask for advice and support
- Explain limits of confidentiality to the young person
- Check with young person to see if they have spoken to anyone about their self-harm before i.e., GP/Counselling Service
- Discuss with young person their options around speaking with parents
- Where the young person is known to social care, engage with the social worker

C. Seek Advice or Referral to CAMHS Crisis Support

- If a child's life or the life of another child is in immediate risk or danger call 999.
- If it's not a 999 emergency, you can call 111.
- If the emergency is related to a young person's mental health then the **CAMHS** Crisis team can be contacted 01384 324689 (9-5) or out of hours 01922 607000.

Black Country Healthcare Foundation Trust offer a 247 mental health telephone support line where children, young people and families/carers can access advice and support from a **CAMHS** healthcare **professional**. This can be accessed by calling 0800 008 6516. **Further resources available refer Appendix 3.**

D. Next Steps

- **Follow safeguarding procedures as required**
- Log ALL incidents of self-harm on CPOMS and inform directly the (DSL/DDSL) or a member of the Senior Leadership Team and ask for advice and support
- Discuss best course of action with young person, the (DSL/DDSL) or a member of the Senior Leadership Team and ask for advice and support
- Continue to talk with the young person.
- Consider asking where appropriate what may help them to cope with difficult emotions
- Agree any ongoing support how contact can be made to include with the (DSL/DDSL) or a member of the Senior Leadership Team and ask for advice and support.
-

Next Steps

NICE (2022) have recommended that after initial care, non-professionals should then go on to organise a comprehensive psychosocial assessment which aims to develop a relationship with the affected person, begin to understand the persons reasons for causing themselves harm, ensuring the person receives the help they need and supplying the person and their family information about their condition.

Signs that mean you may self-harm?

- Thoughts -
- Feelings -
- Behaviours -

If you are worried about yourself, you can talk with?

- Adult in school -
- Adult at home -
- Friend(s) -
- Professional(s) -

If you are feeling down or think you may self-harm what helps you feel better?

- Distracting activities (e.g., music, gaming, reading)
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 -
 -
- Mood lifting activities (e.g., watch comedy, play instrument, listen to music)
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 -
 -
- Physical activities (walking, running, cycling, dance)
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 -
 -
- Social activities (talk to friends, join clubs, attend events)
 -
 -
 -
- Other activities (play with pets, hobbies, cooking)
 -
 -
 -
- Would a referral to CAMHS be helpful?

Date of Meeting:

We have agreed to contact:

- Parents/carers -
- GP/Supporting Professionals -
- CAMHS -

to let them know how you are feeling and to access support.

It is important for you to understand that the school priority is to keep you safe, and this may include informing your parents/carers, GP/Supporting professionals, about concerns and any self-harm activity without your agreement to do so.

Contact made with your parents/carers, GP/Supporting professionals, is done so to understand how together we can best support you.

I will aim to keep you updated on any discussions about you and support available to you.

We will meet again to talk about how you are feeling on:.....

Staff Member Sign Name -

Young Person Sign Name -

Support and Resources you may find helpful:

Shout crisis text line - text SHOUT to 85258 for free, 24/7 support across the UK

Alumina (previously Self Harm UK) an online chat-based 7- week course for 11–19-year-olds, run in groups of up to 14 people by trained counsellors.

Self-Injury Support UK offers information and support to women and girls affected by self-harm.

Self-harm | Signs of Self-harm And Getting Help | YoungMinds

In an emergency the NHS Children, Adolescent and Mental Health Service known as CAMHS has a Crisis team in Dudley.

If your life or the life of another child is in immediate risk or danger call 999

If it's not a 999 emergency, you can call 111.

If the emergency is related to your mental health then the **CAMHS** Crisis team can be contacted 01384 324689 (9-5) or out of hours 01922 607000.

Black Country Healthcare Foundation Trust offer a 247 mental health telephone support line where you and families/carers can access advice and support from a **CAMHS** healthcare **professional**. This can be accessed by calling 0800 008 6516.

Information for Staff

Recommendations | Self-harm: assessment, management and preventing recurrence | Guidance | NICE 2022

harmless.org.uk is an assessment and planning support resource for those who have contact with young people who are self-harming

Young People who Self-Harm Guide for School-Staff.

The truth about self-harm-guide (Mental Health.org)

Self-harm : Mentally Healthy Schools Self-harm - NHS (www.nhs.uk)

Rethink Mental Illness self-harm-factsheet.pdf

Crisis Support - If a child's life or the life of another child is in immediate risk or danger call 999. If it's not a 999 emergency, you can call 111. If the emergency is related to a young person's mental health then the **CAMHS** Crisis team can be contacted 01384 324689 (9-5) or out of hours 01922 607000.

Black Country Healthcare Foundation Trust offer a 247 mental health telephone support line where children, young people and families/carers can access advice and support from a **CAMHS** healthcare **professional**. This can be accessed by calling 0800 008 6516.

Information for Young People

ChildLine (if you are under 18) - call 0800 1111 anytime for free or follow the link to see other online or chat options

Shout crisis text line - text SHOUT to 85258 for free, 24/7 support across the UK

Alumina (previously Self Harm UK) an online chat-based 7-week course for 11–19-year-olds, run in groups of up to 14 people by trained counsellors.

Self-harm | Signs of Self-harm And Getting Help | YoungMinds

Problems at school | How To Deal With Problems At School | YoungMinds has information and signposting for young people who self-harm.

Information for Families/Carers & Friends

Samaritans (if you are 18 or over) - call 116 123 anytime for free

SANE (for over 16's) - call 0300 304 7000 from 4:00pm-10:00pm any day of the year for emotional support

Harmless supports people who self-harm and their families and friends.

Recommendations | Self-harm: assessment, management and preventing recurrence | Guidance | NICE(2022)

1.8 Assessment and care by professionals from other sectors

The recommendations in this section apply to all staff in non-healthcare and social care settings. Because of the wide variety of criminal justice system settings that exist and the need to take other relevant national guidance into account, staff working in the criminal justice system may need to tailor the recommendations for certain criminal justice system settings during implementation.

Principles for assessment and care by professionals from other sectors

1.8.1 When a person who has self-harmed presents to a non-health professional, for example, a teacher or a member of staff in the criminal justice system, the non-health professional should:

- treat the person with respect, dignity, and compassion, with an awareness of cultural sensitivity
- work collaboratively with the person to ensure that their views are taken into account when making decisions
- address any immediate physical health needs resulting from the self-harm, in line with locally agreed policies; if necessary, call 111 or 999 or other external medical support
- seek advice from a healthcare professional or social care practitioners, which may include referral to a healthcare or mental health service
- ensure that the person is aware of sources of support such as local NHS urgent mental health helplines, local authority social care services, Samaritans, Combat Stress helpline, NHS111 and Childline, and that people know how to seek help promptly
- address any safeguarding issues or refer the person to the correct team for safeguarding.

1.8.2 When a person presents to a non-health professional, for example, a teacher or a member of staff in the criminal justice system, the non-health professional should establish the following as soon as possible:

- the severity of the injury and how urgently medical treatment is needed
- the person's emotional and mental state, and level of distress
- whether there is immediate concern about the person's safety
- whether there are any safeguarding concerns
- whether the person has a care plan
- if there is a need to refer the person to a specialist mental health service for assessment.

1.8.3 Assessment and care by professionals from other sectors.

The recommendations in this section apply to all staff in non-healthcare and social care settings.

Assessment in schools and educational settings

- how to identify self-harm behaviours
- how to assess the needs of students
- what do to if they suspect a student is self-harming
- how to support the student's close friends and peer group.

1.8.4 Educational settings should have a designated lead responsible for:

- ensuring that self-harm policies and procedures are implemented
- ensuring that self-harm policies and procedures are regularly reviewed and kept up to date in line with current national guidance
- ensuring that staff are aware of the self-harm policies and procedures and understand how to implement them
- supporting staff with implementation if there are any uncertainties.

1.8.5 All educational staff to know;

- the policies and procedures for identifying and assessing the needs of students who self-harm
- know how to implement the policies and procedures within their roles and responsibilities
- know who to go to for support and supervision.

1.8.6 For students who have self-harmed, the designated lead should seek the advice of mental health professionals to develop a support plan with the student and their family members and carers (as appropriate) for when they are in the educational setting. This should include guidance from other agencies involved in the person's care, as appropriate.

1.8.7 Educational staff should consider how the student's self-harm may affect their close friends and peer groups and provide appropriate support to reduce distress to them and the person.

Designated lead

A senior member of staff within an educational setting who takes lead responsibility for the mental health and wellbeing of students who is given appropriate resources such as funding, time, and training to do so. Their role is to provide advice and support to other members of staff, participate in the assessment of students, and take part in developing strategies and policies within the education setting for the care of students with mental health problems, including self-harm. The designated lead liaises with external agencies and parents to work collaboratively in supporting students' needs with an awareness of local provisions.