

1. Aims and objectives

- 1.1. As a school we have a responsibility to meet the needs of our pupils, and it is important that we all know how to best approach the issue of self-harm. This policy must be read in conjunction with our safeguarding policy.
- 1.2. We know that young people remain concerned with the attitude of front-line professionals who lack understanding of self-harm: 'Unacceptable attitudes and comments of professionals have a negative effect on the ways in which young people access help and support. It is crucial that front-line professionals involved with a young person who self-harms are open minded and compassionate' (Cole-King et al, 2013).
- 1.3. Young people benefit from a non-judgemental approach from a person who is able to listen to them, foster a good relationship with them and encourage them to establish positive relationships with services (Royal College of Psychiatrists).
- 1.4. This policy aims to encourage staff to talk with young people about self-harm when appropriate, in particular when they are aware that they are struggling with their lives. Asking about self-harm does not increase the behaviour, and we want staff to be confident in having these conversations.

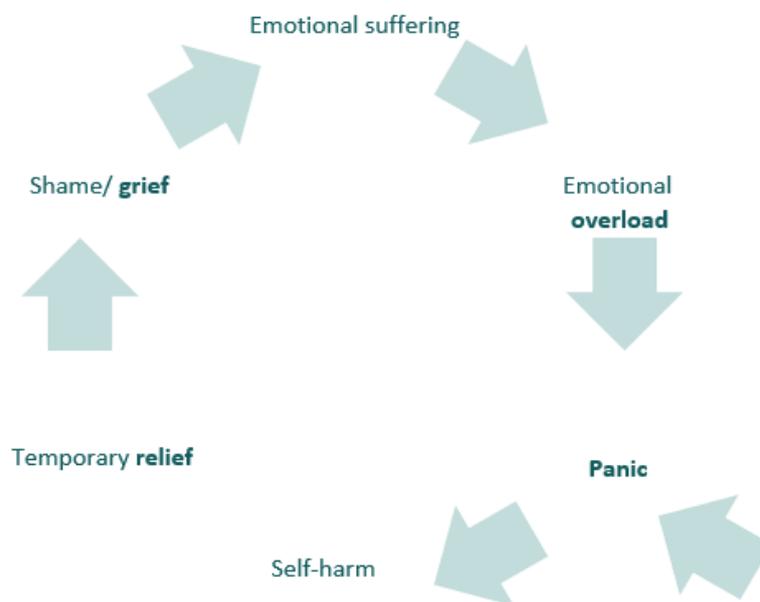
2. Introduction

- 2.1. The term self-harm used in this policy refers to any act of self-poisoning or self-injury carried out by an individual, irrespective of motivation. Self-harm is a sign that a young person is experiencing significant emotional distress (see NICE guidelines).
- 2.2. Self-harm may include overdose (self-poisoning), hitting, cutting, burning, pulling hair, picking skin, head banging, self-strangulation. This policy does not cover other issues such as overeating or food restriction or risk-taking behaviours such as consuming drugs or alcohol.
- 2.3. Self-harm is more common than many people realise, around 10% of young people self-harm at some point, and this figure is likely to be an underestimate. The Norfolk Well-being survey, undertaken by secondary school pupils in 2017, indicated that 6% of young people always or usually cut or hurt themselves when they have a problem that worries them or they are feeling stressed, with an additional 12% of young people who said that they sometimes use this coping strategy.
- 2.4. Self-harm is much less common in primary school age children, behaviours include shallow cuts, hair pulling, head banging and deliberate self-grazing or scratching. Self-harm in younger children is often linked to family difficulties. In primary school age children we avoid using the label 'self-harm' and reframe a child's behaviour as a demonstration of distress or help seeking behaviour' (<https://www.nottinghamcity.gov.uk/media/456337/selfharm-in-primary-age-children.pdf>).
- 2.5. Young people with special educational needs may also engage in self-harm. It is estimated that about half of all autistic people engage in self-injurious behaviour at some point in their life, and it can affect people of all ages (<https://www.autism.org.uk/about/behaviour/challenging-behaviour/self-injury.aspx>).

2.6. Young people self harm for a variety of reasons:

- To feel in control
- To relieve tension
- As a way of communicating stress
- It can provide distraction
- As an opportunity for nurture and comfort
- As a coping strategy
- As a form of punishing themselves
- To feel more connected and alive

2.7. Because self harm can reduce tension and help control mood, it can be self-reinforcing and habit forming. Staff need to understand that it is difficult to break the cycle of self harm



2.8. Some factors that might make someone more at risk are:

- Experience of a mental health disorder. This might include depression, anxiety, borderline personality disorder and eating disorders
- Being a young person who is not under the care of their parents, or young people who have left a care home
- Being part of the LGBTQ+ community

2.9. Having been bereaved by suicide (Extract from Truth about self-harm from the Mental Health Foundation)

3. Self-harm behaviours in children and young people

3.1. Young people often hide their self harm, but there are a number of signs that they may be self-harming. These include unexplained cuts, burns or bruises; keeping themselves covered; avoiding swimming or changing clothes around others. Signs of self-harm may be similar to signs of physical or other abuse as it is hard to know who inflicted the injury. It is important that staff are curious when asking children about an injury, and as self-harm is a potential cause for concern, staff need to record and report any observations or conversations they have with pupils about

injuries that could be self harm or abuse, in accordance with the safeguarding policy.

- 3.2. Other non-specific signs of self-harm include becoming withdrawn or isolated; low mood, lack of interest, drop in academic grades; sudden changes in behaviour such as becoming irritable, angry or aggressive; excessive self-blame for problems, expressing feelings of failure, uselessness or hopelessness.
- 3.3. Self-harm behaviour is usually aimed at coping with life rather than ending it, however, there is an increased risk of suicide if someone already self-harms. Designated safeguarding leads will follow the NSCP guidance (<https://www.norfolkscb.org/about/policiesprocedures/5-22-children-risk-suicide/if-concerns-emerge.>)
- 3.4. 'It important that as professionals we must not ask a young person to stop harming. There are many reasons for this. Firstly, due to the addictive nature of self-harm, unless that method of coping is replaced with another in its place you are expecting that individual to give up their coping strategy. Without means to release or process the difficult emotion that they are struggling with, levels of distress will increase and some will move towards suicidal thoughts as they struggle to cope. Secondly, due to the nature of shame and guilt that an individual feels around their self-harm, they will not want to let you down and often unrealistically telling them to stop can drive the issue underground again as they go back to hiding the behaviour.' (*Laura Haddow, Youthscape*)

4 Good practice in supporting children and young people who self harm

4.1. Responding to a self-harm incident

- 4.1.1. Occasionally, the first we know about a young person's self-harm is if they are self-harming in school. If this happens, keep calm and follow first aid guidelines if necessary. Acknowledge their distress – both their physical pain and their emotional pain which may have led to the self harm. Young people will want your acceptance and support. Their behaviour should not be described as attention seeking, and you should use non-judgemental language.
- 4.1.2. Advise the pupil that you will need to discuss what happened with a designated safeguarding lead in line with the school's safeguarding policy.
- 4.1.3. We will usually ask the young person to hand in any objects that they have been using to self-harm with. These can be picked up by their parent or carer if necessary.
- 4.1.4. If you have immediate concerns about the effect of the self-harm injury (including an overdose), call 999 straight away.**

4.2. When a pupil comes to your attention

- 4.2.1. As a member of staff, you may be the first to notice that a young person has been self-harming. Sometimes a young person will confide in you about their self-harm, or a friend might bring another pupil to your attention.

- 4.2.2. Staff need to alter the Designated Safeguarding Lead who will decide on the best course of action, in line with their safeguarding policy.
- 4.2.3. The first conversation about self harm can be distressing, and it can be hard to know what to do. However, it is important that you do not ignore signs of self harm. If you suspect self harm, let the young person know your concerns in an empathetic and caring manner. Young people will respond best if staff talking to pupils listen carefully in a calm and compassionate way, take a non-judgemental approach and try to reassure them that they understand that self harm is helping them to cope at the moment and that they want to help.
- 4.2.4. A supportive response demonstrating respect and understanding of the child or young person, along with a non-judgmental stance, are of prime importance. Note also that a child or young person who has a learning disability may find it more difficult to express their thoughts.
- 4.2.5. In a confidential environment, not in the presence of other pupils, staff members should talk to the child or young person and establish or explore:
- If they have taken any substances or injured themselves
 - Find out what is troubling them
 - Explore how imminent or likely self-harm might be
 - Find out what help or support the young person would wish to have
 - Find out who else may be aware of their feelings
 - How long have they felt like this?
 - Are they at risk of harm from others?
 - Are they worried about something?
 - Ask about the young person's health and any other problems such as relationship difficulties, abuse and sexual orientation issues?
 - What other risk-taking behaviour have they been involved in?
 - What have they been doing that helps?
 - What they do that stops the self-harming behaviour from getting worse?
 - What can be done in school or at home to help them with this?
 - How are they feeling generally at the moment?
 - What needs to happen for them to feel better?
- <https://www.norfolkscb.org/about/policiesprocedures/5-21-self-harm/>
- 4.2.6. The following may be useful to consider when approaching a young person about self-harm:
- 4.2.7. A member of staff will need to talk to the young person to find out more about their self-harm behaviour, including history, frequency, types of method, use, triggers, psychological purpose, disclosure and help-seeking and support. (Young people who self harm. A Guide for School Staff, University of Oxford, 2018).
- 4.2.8. If young people talk about self-harm, it is also important to establish if they are feeling suicidal, so the question 'Have you ever felt like ending your life?' must also be asked. We know that asking about suicide does not put the idea into their mind, however some children may not disclose suicidal ideation until directly asked about this. The Norfolk suicide prevention guidance must be

followed. (<https://www.norfolkscb.org/about/policiesprocedures/5-22-children-risk-suicide/>)

4.2.9. We will put a plan in place with the young person which will support them at school, this will be reviewed as needed. For some young people this may be daily at the beginning, and then move on to regular reviews as agreed. It may be helpful to put together a self-soothe box or compassionate kit bag. You can find some ideas here: <https://www.getselfhelp.co.uk/emergency.htm> and <https://youngminds.org.uk/blog/how-to-make-a-self-soothe-box/>.

4.3. Informing and supporting Parents and Carers including consideration for confidentiality.

4.3.1. When the school becomes aware of a young person's self-harm, they will need to have a conversation with the young person about sharing information with their parents or carers, as they need to be involved in supporting their child and accessing further support for them if necessary (unless this would put them at risk of harm). Sometimes young people have a preference of who they would like to be informed, e.g. Mum or Dad. If a young person is reluctant about informing their parents/carers, we will encourage them to think about the benefits of involving their family and how they could help.

4.3.2. Professional judgement must be exercised to determine whether a child or young person in a particular situation is competent to consent or to refuse consent to sharing information. Consideration should include the child's chronological age, mental and emotional maturity, intelligence, vulnerability and comprehension of the issues. A child at serious risk of self-harm may lack emotional understanding and comprehension.

4.3.3. Informed consent to share information should be sought if the child or young person is competent unless:

- The situation is urgent and delaying in order to seek consent may result in serious harm to the young person
- Seeking consent is likely to cause serious harm to someone or prejudice the prevention or detection of serious crime

If consent to information sharing is refused, or can or should not be sought, information should still be shared in the following circumstances:

- There is reason to believe that not sharing information is likely to result in serious harm to the young person or someone else or is likely to prejudice the prevention or detection of serious crime
- The risk is sufficiently great to outweigh the harm or the prejudice to anyone which may be caused by the sharing
- There is a pressing need to share the information

4.3.4. If a competent child wants to limit the information given to their parents or does not want them to know it at all, the child or young person's wishes should be respected, unless the conditions for sharing without consent apply. (<https://www.norfolkscb.org/about/policiesprocedures/5-21-self-harm/>)

4.3.5. Please also see the NSPCC website for further information on balancing children's rights with the responsibility to keep them safe from harm:
<https://learning.nspcc.org.uk/researchresources/briefings/gillick-competency-andfraser-guidelines/>.

4.3.6. As self harm can often provide a way of feeling in control, it is important that children and young people are fully involved in discussions about informing parents/carers, considering the individual's competence to make such decisions, as well as any safeguarding concerns, as discussed above. Good practice should involve giving young people some choices about how this will be done. Options could include letting the young person inform their parents or carers and schools get in touch the next day (where there is no immediate safeguarding concern), parents or carers are called with the young person present throughout the conversation, parents/carers are invited into school to talk together with the young person.

4.3.7. A checklist for talking to parents on the phone can be found in 'Self-harm and eating disorders in schools' by Pooky Knightsmith.
<https://www.annafreud.org/media/9165/supporting-schools-to-engage-with-all-parents-and-carers-booklet.pdf>

4.3.8. It is also important that parents or carers are provided with appropriate advice and support about how to support their child with self-harm:
<https://youngminds.org.uk/find-help/forparents/parents-guide-to-support-a-z/parents-guide-to-support-self-harm/>

https://www.psych.ox.ac.uk/files/news/copy_of_coping-with-self-harm-brochure_final_copyright.pdf

4.3.9. Parents/carers should be made aware of external support such as helplines, for example YoungMinds, 0808 802 5544 (Young Minds Parents Helpline, M-F 9.30 – 16.00).

4.4. Assessment of risk and making referrals

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

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

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

<https://www.cornwallhealthyschools.org/documents/EHWB/managing-selfharmguidance-and-toolkit-for-schools.pdf>

4.4.2. If there are significant concerns about a young person's mental health, a referral to CAMHS, with the young persons and parental consent, will need to be made. If young people need urgent medical attention and are taken to A&E, they should receive a mental health assessment at hospital.

- 4.4.3. All other referrals to CAMHS are made via the Access and Assessment Team, Central and West Norfolk on 0300 790 0371, Great Yarmouth & Waveney on 0300 123 1882.
- 4.4.4. Professionals can also call their local CAMHS service for consultation: Central Switchboard 01603 421421 and ask for Central Norfolk, West Norfolk or Great Yarmouth. First Response is a 24/7 helpline offering immediate advice, support and signposting for people with mental health difficulties and can be phoned by parents/carers and young people on 0808 196 3494.
- 4.4.5. Professionals who need advice when working with individuals who are experiencing mental health difficulties can access help and support by phoning the professionals line on 0300 303 4418.
- 4.4.6. Whilst schools do not need to ask children to be taken to the GP for a mental health assessment as these can be requested directly from CAMHS, parents or carers may still wish to make an appointment with the GP for additional advice and support.
- 4.4.7. Other Norfolk services which might also be able to offer support to families:
- JustOneNorfolk <https://www.justonenorfolk.nhs.uk/our-services/healthy-child-programme-services-5-19>
 - Point 1 <https://point-1.org.uk/>
 - Early Help <https://www.norfolk.gov.uk/children-andfamilies/early-help-and-family-support/getearly-help-and-family-support>
 - MAP <https://www.map.uk.net/>

4.5. Supporting friends

- 4.5.1. In schools, one student's self-harming behaviour can sometimes affect other students. This can occur particularly with self-cutting and is more common in females. If a student comes with concerns about a friend's self-harm, they should be reassured that telling a staff member is the right thing to do and that they have been a good friend. Friends should be offered the opportunity to speak to a trusted member of staff for support, someone who the young person is comfortable talking to.
- 4.5.2. When talking to a young person about their self harm, staff should endeavour to find out about their friends and who knows about their self harm. It is important that young people know where and how to get help if they are worried about a friend, and that ongoing support is offered to friends as well.

4.6. Addressing contagion

- 4.6.1. If more than one pupil has self-harmed, it is important not to panic, but to be observant and raise awareness of how students can get help and this includes talking about self-harm when they are struggling with difficult emotions. Separate support for individual students is preferable to raising the issue in large school groups such as school assembly.

4.7. Using the internet

4.7.1. Websites that promote self-harm are sometimes accessed by young people. Schools should endeavour to identify and block these.

4.7.2. It is suggested that staff should assess the 'quantity, quality and nature' of a young person's internet use, using questions such as 'Do you have internet friends with whom you talk about self-injury, do you ever take their advice, can you provide an example of advice you got that you used?' (RIP, 2019).

4.7.3. Young people will be directed to helpful websites such as:

- www.norfolk.gov.uk/camhs
- www.kooth.com
- http://www.nshn.co.uk/downloads/Advice_for_young_people.pdf
- www.childline.org.uk
- www.youngminds.org.uk
- <https://www.map.uk.net/get-help/mental-health-and-wellbeing/>
- <https://www.selfinjurysupport.org.uk/Pages/Category/self-help-resources>
- <https://www.selfharm.co.uk/>
- www.harmless.org.uk
- <http://epicfriends.co.uk/>
- www.neurolove.org
- www.lifesigns.org.uk
- www.recoveryourlife.com

4.7.4. And apps:

- <https://calmharm.co.uk/>
- <http://self-healapp.co.uk/>
- <https://www.nhs.uk/apps-library/distract/>
- <https://www.nhs.uk/apps-library/chill-panda/>
- <https://www.nhs.uk/apps-library/meetwo/>
- <https://www.nhs.uk/apps-library/thrive/>
- <http://www.self-healapp.co.uk/>
- <https://www.nhs.uk/apps-library/blueice/>

4.7.5. There is a free, 6 week online course (Self harm on-line support group) for young people aged 14-19 who self-harm, with the aim of recovery, run by a qualified counsellor with a small group of young people which can be accessed at <https://selfharm.co.uk/alumina>:

4.8. Long-term support for young people who self-harm

4.8.1. The National Inquiry into self-harm (Truth Hurts, 2006) found young people's first priority was often to establish a sense of general wellbeing, rather than to stop self-harming. Young people may need help to understand and deal with the causes of the stresses they feel, and to think about any resilience factors that can be strengthened. The support of someone who will listen when young people are facing difficulties is really important, and support should be offered to young people to identify a trusted adult at home, a member of school staff, a friend who knows how to best support and when to ask an adult for help and a helpline (such as Childline or Young Minds) a young person could call.

4.8.2. Young people indicate that what they want from their school is having someone to provide support, and the person should be proactive. They want teachers to be aware of warning signs and look out for troubled pupils (Adolescent's views on preventing self-harm, Fortune, Sinclair, Hawton, 2008).

4.8.3. Young people may find it hard to stop self-harming behaviour, so it is important that no ultimatums are set. It is best if the decision to stop comes from the young person. However, it may be necessary to put some boundaries in place about self-harming behaviour in school. Consideration should be given to devising a Health Care Plan, in consultation with CAMHS professionals involved with the young person. (<https://www.gov.uk/government/publications/supporting-pupils-at-schoolwith-medical-conditions--3>).

4.8.4. Staff with first aid training will talk to young people who regularly self-harm about wound care and the consequences of self-harm in a sensitive and understanding manner.

4.9. What young people who self harm say they want:

A non-judgemental outlet for exploring and sharing pain	To feel supported	To be listened to and understood
To remain in control of how to express pain	To be and feel respected	To be able to tap in and out of support services
To be spoken with honestly	To be given practical advice on wound care	Focus to not always be on self-harm
Help to feel good about themselves	To feel whole (not just seen as a self-harmer)	Laugh and have fun
Consistency from the service provider	To work at their own pace	

(MAP Resource Pack)

4.9.1. What young people felt schools needed to know

- I need to feel listened to
- Don't brush it off
- Treat us with respect
- Be knowledgeable about self-harm: facts, consequences and symptoms
- Provide support
- Tell others on a need to know basis
- Let us choose who we want to talk to
- Get the full story
- There are different solutions for different people: help find the best for me
- 1:1 chat
- Clean and dress wounds and talk to me

5. How staff will be supported

5.1. Self-harm can be distressing for school staff. On discovering that a student is self-harming, staff may experience emotions such as sadness, shock, anger, fear, disgust, frustration and helplessness. Such emotions are common. Because self-harm is self-inflicted, it can be more difficult to empathise with than, for example, accidental injuries.

5.2. Some suggestions that may help:

- Be honest with yourself about your emotions
- Discuss your feelings with colleagues or supervisors or managers
- Seek support
- Look after yourself (making sure that you prioritise your health and wellbeing)
- Recognise that staff have a vital role helping young people who are self-harm

5.3. As a school, we have a duty of care towards our employees and need to ensure that staff are appropriately trained and supported when dealing with difficult issues.

5.4. The Pupil Development Team, in conjunction with the senior designated safeguarding lead, will offer advice and support to staff supporting young people who self-harm. We will always have at least one member of staff who has received training about self-harm. We will raise awareness of self-harm and ensure that all staff are fully aware of this policy as part of our safeguarding training.

5.5. We encourage staff to offer support to each other, and we offer appropriate and relevant management support when staff are supporting children with significant mental health and safeguarding issues.

6. Whole School Approach

6.1. Our school will teach about mental health and well-being, using appropriate resources such as the PSHE Association teaching programme (<https://www.pshe-association.org.uk/curriculum-and-resources/resources/mentalhealth-and-emotional-wellbeing-lesson-plans>). Lessons will include a focus on positive mental health, coping strategies, looking after yourself and how to help a friend a young person is concerned about, as well as addressing the specific issue of self-harm.

6.2. It is important that schools promote resilience in young people. We will promote a nurturing environment that actively discourages bullying and encourages inclusion at every stage, as well as encouraging students to be supportive to their peers.

6.3. “We will aim to provide vulnerable children with access to an emotionally available adult, who believes in them, relates to them with compassion, empathy and unconditional positive regard, provides appropriate limit setting, understands their attachment and mental health needs, knows their life story, and offers repeated enriched relational, regulatory and reflecting opportunities. Catching children as they are ‘falling’, not after they have fallen. When children are experiencing painful life events, the emotionally available adult will help them process, work through and

make sense of what has happened, rather than waiting until the pain of the trauma has transformed into challenging behaviour and/or physical or mental health problems. All staff ensure they interact with all children at all times with kindness and compassion". Extract from <https://www.traumainformedschools.co.uk/our-mission>

7. Roles and responsibilities

7.1. Governing Body

The governing body will approve the policy and ensure that it is implemented consistently across the school. They will review the policy on a regular basis, involving the headteacher and staff who are delivering support for young people who self-harm, and those delivering a mental health curriculum. They will ensure that pupils affected by self harm are also involved in the review of the policy. Governors will promote teaching about mental health, and ensure that appropriate advice and support is available in school for pupils with mental health difficulties including for pupils who self-harm.

7.2. Headteacher

The Headteacher will ensure that this policy is implemented, and that a co-ordinated response is provided to young people who self-harm, and their families. They will ensure that staff know what is expected, and that everyone can contribute in a way that is consistent with the ethos of the school. They will ensure that information is shared with all relevant staff. They will put appropriate support in place for staff and allow them to attend appropriate training opportunities. They will ensure that teaching about mental health takes place so that children will be taught the knowledge and skills to recognise mental health difficulties in themselves and know where to seek support for themselves and others.

7.3. Senior Designated Safeguarding Lead

They will ensure that young people know that they can talk to school staff if they are thinking of self-harm. They will ensure that young people have access to information, advice and support about self-harm. First aiders will be informed about how to respond to a young person who self-harmed in school. Designated Safeguarding Leads will access appropriate training and keep their knowledge and understanding about self harm up to date. They will take care of their own emotional wellbeing and seek advice, support and supervision from appropriate sources when needed.

7.4. All staff

All staff must familiarise themselves with this policy. Whenever they become aware of self harm, they will report this to the designated safeguarding leads in school via the safeguarding procedures. All staff are able to respond to children who self-harm and be supportive. Staff will access training as required, depending on their role.

8. Sources and references

- Young people who self-harm, A Guide for School Staff, University of Oxford, 2018 <https://www.rcpsych.ac.uk/docs/default-source/improving-care/nccmh/suicide-prevention/young-people-who-self-harm-a-guide-for-school-staff.pdf>
- Managing Self-harm, Practical guidance and toolkit for schools in Cornwall and the Isles of Scilly, <https://www.cornwall.gov.uk/media/35262910/managing-selfharm-guidance-and-toolkit-forschools.pdf>
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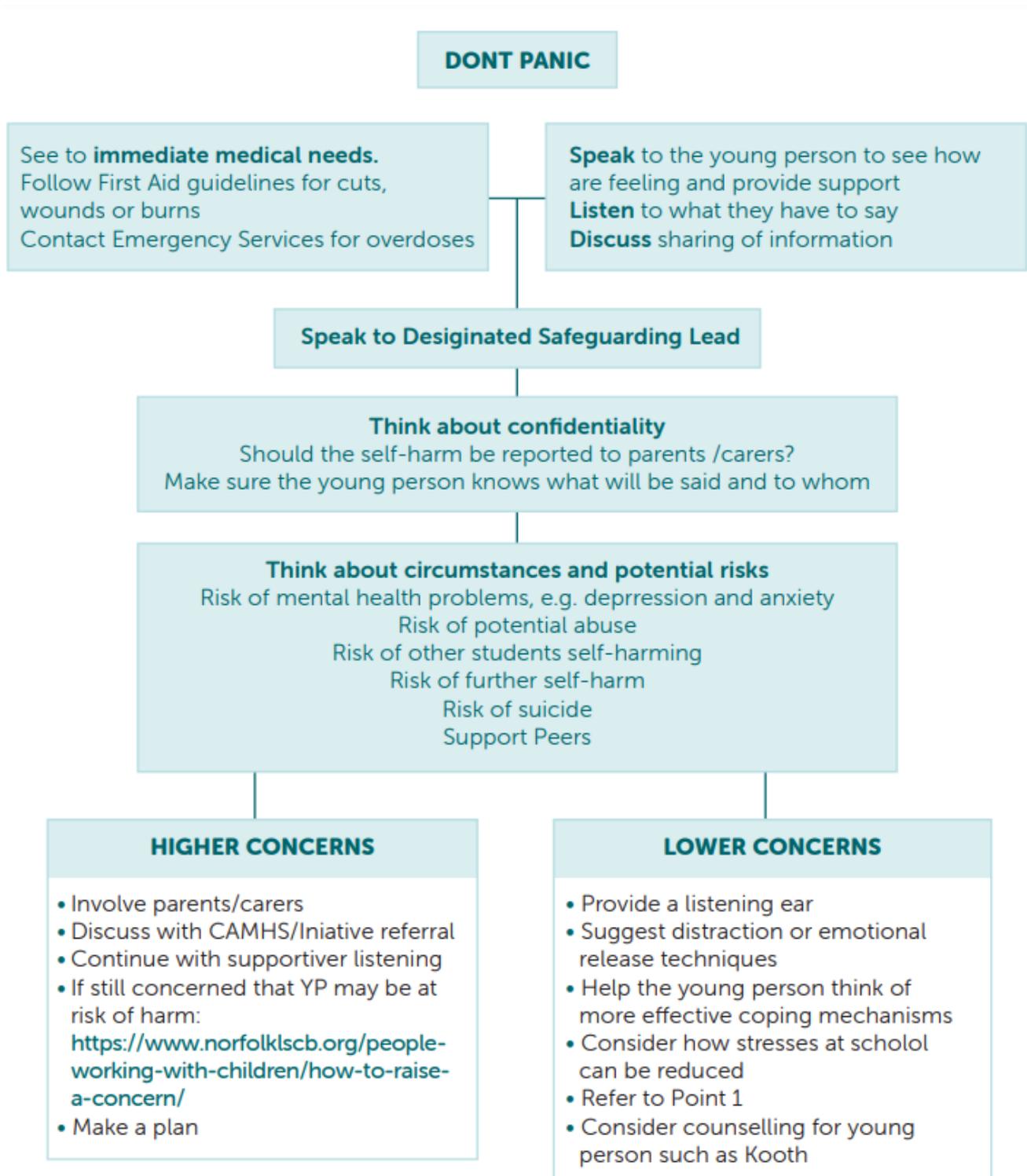
9. Advice, support and training

The Critical Incident Service is currently funded to deliver training for schools on self-harm and suicide prevention and teaching about mental health and emotional well-being. Contact Information: Dr Bianca Finger-Berry, Critical Incident Lead Officer (September 2020) bianca.finger-berry@norfolk.gov.uk.

Appendix 1: Flowchart for staff

Self-harm at school: What do I?

To be used in conjunction with the school's safeguarding policy



Based on young people who self-harm: A guide for school staff (2018)

Appendix 2: Conversation tips about self-harm

These may be helpful questions or statements:

“You noticed you may be feeling very upset about something. I’d like to help if I can; would it help to talk about what’s troubling you?”

“I wonder if you’re using self-harm as a way of coping with something that is troubling you?”

“I imagine there could be all sorts of things that make someone feel like harming yourself. I wonder what sort of things make you feel like self harming?”

“Sometimes people self-harm as a way of managing strong and difficult feelings or emotions. I’m wondering if that might be why you hurt yourself?”

“I know that people self-harm for many different reasons and that they often experience a range of different emotions. I wonder if you are able to help me understand what leads you to self-harm?”

“It can feel that self-harm is the only way to cope, but there are other ways. Can I show you some leaflets, websites and apps that suggest helpful ways of coping?”

“Before you go, I’d like to give you some information about people you can contact if you feel like self-harming again.”

https://www.rcpsych.ac.uk/docs/default-source/improving-care/nccmh/suicideprevention/wave-1-resources/young-people-who-self-harm-a-guide-for-school-staff.pdf?sfvrsn=e6ebf7ca_2

“Is there anything that you find helpful to distract you when you are feeling like self-harming? Perhaps listening to music, playing on your phone, texting a friend, spending time with your family, reading or going for a walk? “

“I can see that things feel very difficult for you at the moment and I’m glad that you have felt able to talk to me. Is there anyone else that you have found helpful to talk to before or is there anyone that you think maybe good to talk to?”

“How do you feel about letting them know what’s going on for you at the moment?”

“How could we make things easier for you at school?”

“What feels like it is causing you the most stress at the moment? What do you think would be most helpful?”

Managing Self-harm, Practical guidance and toolkit for schools in Cornwall and the Isles of Scilly, <https://www.cornwall.gov.uk/media/35262910/managing-selfharm-guidance-and-toolkit-forschools.pdf>