

The Northamptonshire Toolkit for

# Supporting Children and Young People Presenting with Self-Harming Behaviours, or Intent to Self-Harm

To download the most current version of this toolkit, please go to [www.asknormen.co.uk](http://www.asknormen.co.uk)

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The authors of this publication would like to acknowledge that this is based on the example of the guidelines in "By their own hand" which was developed by the Oxfordshire Adolescent Self-Harm Forum and we are grateful to them for allowing us to use their material.

**This booklet is for all professionals who work with children and young people in all settings. This includes volunteers such as sports coaches or scout leaders, as well as those in paid positions such as social workers and teachers.**

## 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 a car where the intent is deliberately to cause self-harm.

Some people who self-harm have a strong desire to kill themselves. However, there are other factors that 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 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 past 40 years, there has been a large increase in the number of young people who deliberately harm themselves. The Mental Health Foundation/Camelot Foundation (2006) suggests there are "probably 2 young people in every secondary school classroom who have self-harmed at some time" (The truth about self-harm. London: MHF/CF).

## What causes self-harming behaviours?

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
- Neglect or abuse (physical, sexual or emotional)
- Poor parental relationships and arguments
- Depression, deliberate self-harm or suicide in the family

### Social factors:

- Difficulty in making relationships/loneliness
- Persistent bullying or peer rejection
- Easy availability of drugs, medication or other methods of self-harm

## A number of factors may trigger the self-harm incident, including:

- 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
- Significant trauma e.g. bereavement, abuse
- Self-harm behaviour in other young people (contagion effect)
- 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 or peers to conform/achieve
- Exam pressure
- Times of change e.g. parental separation/divorce

## Warning signs

There may be a change in the behaviour of the young person that is associated with self-harm or other serious emotional difficulties, such as:

- Changes in eating/sleeping habits
- Increased isolation from friends/family
- 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
- Risk taking behaviour (substance misuse, unprotected sexual acts)

## Examples of self-harming behaviour

- Cutting
- Taking an overdose of tablets
- Swallowing hazardous materials or substances
- Burning, either physically or chemically
- Over/undermedicating e.g. misuse of insulin
- Punching/hitting/bruising
- Hair-pulling/skin-picking/head-banging
- Episodes of alcohol/drug abuse or over/under-eating at times may be deliberate acts of self-harm
- Risky sexual behaviour

Self-harm can be 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 difficulties. Where a number of underlying risk factors are present, the risk of further self-harm is greater.

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, although at the same time being vigilant for signs of more serious self-harm.

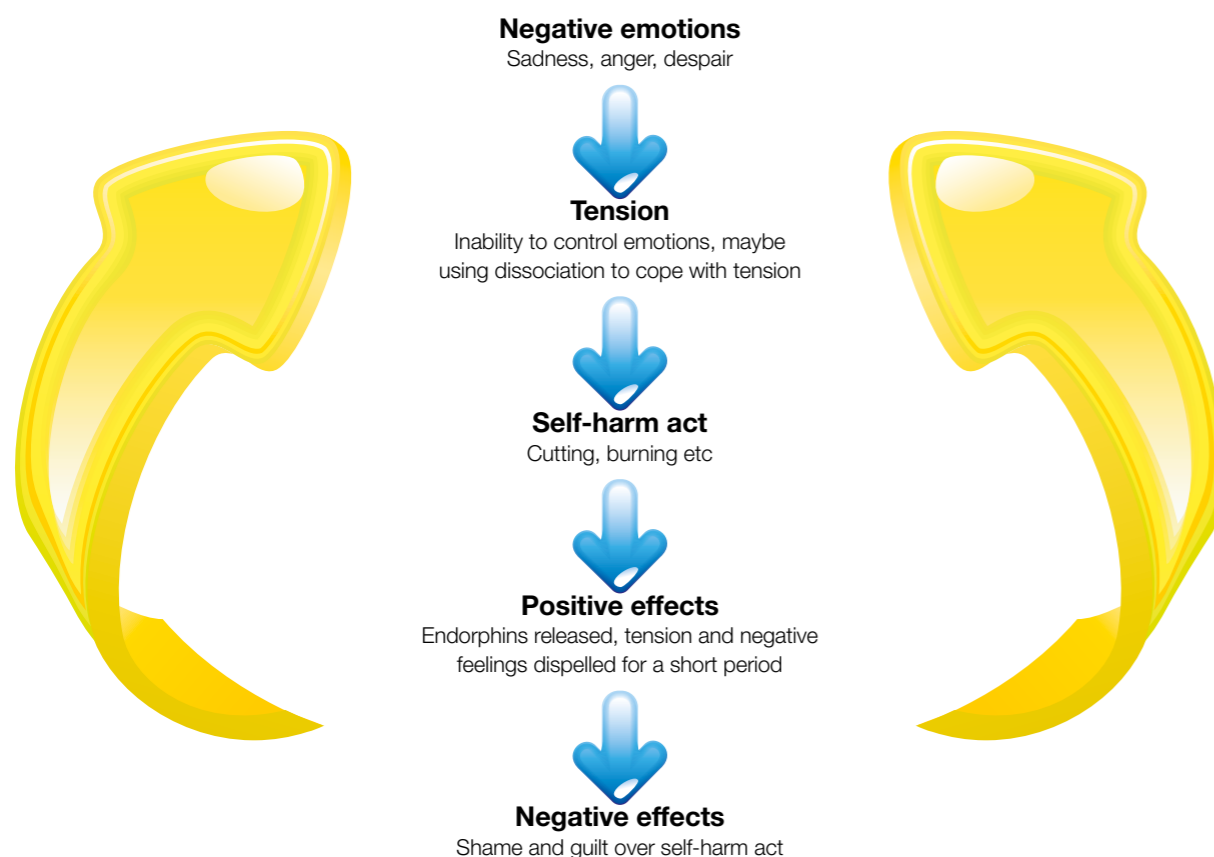
## What keeps self-harm going?

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, for example:

- Reduction in tension (safety valve)
- Distraction from problems
- Form of escape
- Outlet for anger and rage
- Opportunity to feel real
- Way of punishing self
- Way of taking control
- To not feel numb
- To relieve emotional pain through physical pain
- Care-eliciting behaviour
- Means of getting identity with a peer group
- Non-verbal communication (e.g. of abusive situation)
- Suicidal act

## Cycle of self-harming/cutting

When a person inflicts pain upon him 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 the stopping of self-harm difficult. Young people who self-harm still feel pain, but some say the physical pain is easier to stand than the emotional/mental pain that led to the self-harm initially.



## Risk and resilience factors

Possible risk and protective factors are listed below and can form a useful checklist for assessing levels of risk and identifying areas of risk which can be tackled to lessen a child or young person's distress.

Protective Factors	Risk Factors
<b>Family Factors</b>	<b>Family Factors</b>
<b>Child</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> High self-esteem</li> <li><input type="checkbox"/> Good problem solving skills</li> <li><input type="checkbox"/> Easy temperament</li> <li><input type="checkbox"/> Able to love and feel loved</li> <li><input type="checkbox"/> Secure early attachments</li> <li><input type="checkbox"/> Good sense of humour</li> <li><input type="checkbox"/> A love of learning</li> <li><input type="checkbox"/> Being female</li> <li><input type="checkbox"/> Good communication skills</li> <li><input type="checkbox"/> Belief in something bigger than the self</li> <li><input type="checkbox"/> Having close friends</li> </ul>	<b>Child</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Low self-esteem</li> <li><input type="checkbox"/> Few problem solving skills</li> <li><input type="checkbox"/> Difficult temperament</li> <li><input type="checkbox"/> Unloving and reject love from others</li> <li><input type="checkbox"/> Difficult early attachment</li> <li><input type="checkbox"/> Tendency to see things literally</li> <li><input type="checkbox"/> Fear of failure</li> <li><input type="checkbox"/> Genetic vulnerability</li> <li><input type="checkbox"/> Being male</li> <li><input type="checkbox"/> Poor communication skills</li> <li><input type="checkbox"/> Self-centred thinking</li> <li><input type="checkbox"/> Rejected/isolated from peer group</li> </ul>
<b>Parents</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> High self-esteem</li> <li><input type="checkbox"/> Warm relationship between adults</li> <li><input type="checkbox"/> High marital satisfaction</li> <li><input type="checkbox"/> Good communication skills</li> <li><input type="checkbox"/> Good sense of humour</li> <li><input type="checkbox"/> Capable of demonstrating unconditional love</li> <li><input type="checkbox"/> Set developmentally appropriate goals for the child</li> <li><input type="checkbox"/> Provide accurate feedback to the child</li> <li><input type="checkbox"/> Uses firm but loving boundaries</li> <li><input type="checkbox"/> Believes in and practice's a 'higher purpose'</li> </ul>	<b>Parents</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Low self-esteem</li> <li><input type="checkbox"/> Violence or unresolved conflict between adults</li> <li><input type="checkbox"/> Low marital satisfaction</li> <li><input type="checkbox"/> High criticism/low warmth interactions</li> <li><input type="checkbox"/> Conditional love</li> <li><input type="checkbox"/> Excessively high or low goals set for the child</li> <li><input type="checkbox"/> Physical, emotional or sexual abuse</li> <li><input type="checkbox"/> Neglect of child's basic needs</li> <li><input type="checkbox"/> Inconsistent or inaccurate feedback for the child</li> <li><input type="checkbox"/> Parents with drug or alcohol problems</li> <li><input type="checkbox"/> Parental mental health problems</li> </ul>

## Environmental Factors

### School

- Caring ethos
- Young people treated as individuals
- Warm relationships between staff and children
- Close relationships between parents and school
- Good Personal, Social and Health Education Curriculum (PSHE)
- Effectively written and implemented behaviour, anti-bullying, pastoral policies
- Accurate assessment of special needs, with appropriate provision

### Housing and community

- Permanent home base
- Adequate levels of food and basic needs
- Access to leisure and other social amenities
- Low fear of crime
- Low level of drug use in the community
- Strong links between members of the community

## Environmental Factors

### School

- Excessively low or high demands placed on child
- Student body treated as a single unit
- Distance maintained between staff and children
- Absent or conflicting relationships between staff and school
- Low emphasis on PSHE issue
- Unclear or inconsistent policies and practice for behaviour, bullying and pastoral care
- Ignoring or rejecting special needs

### Housing and community

- Homelessness
- Inadequate provision of basic needs
- Little or no access to leisure and other social amenities
- High fear of crime
- High levels of drug use
- Socially isolated communities

## Coping strategies

### See appendices 1 and 2 – Alternative coping strategies and distraction techniques

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 intensively can be helpful. Examples of ways of coping include:

- Using a creative outlet e.g. writing poetry and songs, drawing and talking about feelings
- Writing a letter expressing feelings, which need not be sent
- Contacting a friend or family member
- Ringing a helpline
- Going into a field and screaming
- Hitting a pillow or soft object
- Listening to loud music
- 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
- Using stress-management techniques, such as relaxation
- Having a bath
- Looking after an animal

For some young people, self-harm expresses the strong desire to escape from a conflict of unhappiness.

In the longer term, the 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 may be 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 the person to develop friendships and feel better about him or herself. Learning problem solving and stress-management techniques, ways to keep safe and how to relax may also be useful. Increasing coping strategies and developing social skills will also assist.

## Reactions of staff and volunteers

### See appendix 3 – Do's and don'ts for adults

Staff and volunteers may also experience a range of feelings in response to self-harm in a young person, such as anger, sadness, shock, disbelief, guilt, helplessness, disgust and rejection. It is important for all colleagues to have an opportunity to discuss the impact that self-harm has on them personally. The type and nature of opportunities where these issues are discussed will vary between settings.

Young people may present with injuries to first-aiders, front line staff or volunteers. It is important that these people are aware that an injury may be self-inflicted and that they pass on any concerns.

## How to help

(Also see appendices 4 – 7)

- When you recognise signs of distress, try to find ways of talking with the young person about how he or she is feeling.
- Build up a full picture of the young person's life by talking to his or her form tutor, year head from school and any other adults who come into contact with him or her. Find out any 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 is someone that the young person has chosen to talk to.
- Resist the temptation to tell them not to do it again, or promise you that they won't do it.
- It is important that all attempts of suicide or deliberate self-harm are taken seriously. All mention of suicidal thoughts should be noticed and the young person listened to carefully.
- If you find a young person who has self-harmed e.g. by overdosing or self-cutting, 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, telephone 999 and ask for advice. If necessary, take them straight to the nearest accident and emergency department.
- Take a non-judgemental attitude towards the young person. Try to reassure the person that you understand that the self-harm is helping him or her to cope at the moment and you want to help. Explain that you need to tell someone. Try to work out together who is the best person to tell.
- Discuss with the young person the importance of letting his or her parents know and any fears he or she may have about this.
- Contact the person's parents/guardians, unless it places the child or young person at further risk (see setting Child Protection Procedures as this may not be applicable if working in a college for example with young people aged 16+ who do not wish their parents/guardians to be notified). Discuss the concerns of the setting. (Script available in toolkit). Provide parent/carer/guardian with the parent's fact sheet and help them to understand the self-harm so they can be supportive of the young person.
- Think about the resources there are in your setting, in the young person's school and the local community which could support the young person. A referral to the GP or school nurse may be considered.
- Follow the setting policy of informing the designated safeguarding lead of your concerns.
- The Multi-Agency Safeguarding Hub (MASH) should be informed if the young person discloses child protection concerns. If in doubt, please refer to the LSCBN procedures for guidance.
- A Common Assessment for Families could be raised at a network meeting if appropriate.
- 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.
- Have crisis telephone numbers available and easily accessible to young people (see useful numbers and websites in toolkit).
- Record any incident (see incident recording form in toolkit).
- Seek support for yourself if necessary.

## Simple things you can say:

- Check your own feelings and thoughts before asking any questions. If your feelings or thoughts about the young person are negative in any way, these feelings may be communicated to them non-verbally when you talk to them and hinder the helping process.
- See the person, not the problem. Talk in a genuine way. Address them as you would wish to be addressed.
- 'I've noticed that you seem bothered/ worried/ preoccupied/troubled. Is there a problem?'
- 'I've noticed that you have been hurting yourself and I am concerned that you are troubled by something at present.'
- 'We know that when young people are bothered/troubled by things, they cope in different ways and self injury is one of these ways. Those who do this need confidential support from someone who understands problems in relation to self injury. Unfortunately I don't have the skills to help, but I would like to help by asking (Name of counsellor) to see you. Would you agree to this?'

## Understanding the self-harm

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

## Strategies to help

- Consider consultation with a CAMHS Specialist Primary Mental Health Practitioner (SPMHP) or School Nurse.
- Arrange a mutually convenient time and place to meet within an agreed environment.
- At the start of the meeting, set a time limit.
- Make sure the young person understands the limits of your confidentiality.
- Encourage the young person to talk about what has led him or her to self-harm (see young person interview script in toolkit).
- Remember that active listening is a vital part of this process.
- Support the young person in beginning to take the steps necessary to keep him or her safe and to reduce the self-injury (if he or she wishes to), e.g.
  - sterilising implements used to cut
  - avoiding alcohol if it's likely to lead to self-injury
  - taking better care of injuries (the school health nurse may be helpful here).
- Help the young person to build up self-esteem.
- Help the young person to find his or her own way of managing the problem e.g. talking, writing, drawing or using safer alternatives. If the person dislikes him or herself, begin working on what he or she does like. If life at home is impossible, begin working on how to talk to parents/carers.
- Help the young person to identify his or her own support network e.g. using Protective Behaviours (see toolkit) or other therapeutic strategies.

- Offer information about support agencies. Remember that some Internet sites may contain inappropriate information (see toolkit).
- If you have a number of young people who self-harm in your school, you may consider seeking consultation with your SPMHP or Educational Psychologist if in school.

## Further considerations

- Record any meetings with the young person. Include an agreed action plan, including dates, times and any concerns you have and document who else has been informed of any information.
- 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 confidences, so they need to know that self-harm can be dangerous to life and that by seeking help and advice for a friend they are taking a responsible action.
- Be aware that the peer group of a young person who self-harms may value the opportunity to talk to an adult, individually.

## Confidentiality

Confidentiality is a key concern for young people and they need to know that it may not be possible for their support person to offer complete confidentiality. If you consider that a young person is at serious risk of harming him or 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, then the young person can make an informed decision as to how much information he or she wishes to divulge.

## Response of supportive adults

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 in providing too much help, because of one's own anxiety. However, the young person needs to learn to take responsibility for his or her self-harm.

If you find that the self-harm upsets you, it may be helpful to be honest with the young person. However, be clear that you can deal with your own feelings and try to avoid the young person feeling blamed. The young person probably already feels low in mood and has a poor self-image; your anger or upset may add to his or her 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 people's difficulties.

## Issues regarding contagion

When a young person is self-harming, it is important to be vigilant in case close contacts of the individual are also self-harming. Occasionally, settings discover that a number of young people 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, both in adults working with them and in other young people.

Each individual may have different reasons for self-harming and should be given the opportunity for one-to-one support. However, it may also be helpful to discuss the matter openly with the group of young people involved. In general, it is not advisable to offer regular group support for young people who self-harm.

Be aware that young people communicate electronically also, through social networking sites such as Facebook and Twitter.

## Support/training

Staff and volunteers giving support to young people who self-harm may experience all sorts of reactions to this behaviour, such as anger, helplessness and rejection. It is helpful for these adults to have an opportunity to talk this through with other colleagues.

Staff and volunteers with this role should take the opportunity to attend training days on self-harm or make use of the Northants Toolkit on Self-Harm (available at [www.asknormen.co.uk](http://www.asknormen.co.uk)).

## General aspects of prevention of self-harm

An important part of preventing self-harm is having a supportive environment that 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.

## Self-harm websites and links for information and support

**The Royal College of Psychiatrists**  
[www.rcpsych.ac.uk](http://www.rcpsych.ac.uk) produce helpful information for parents, carers and anyone who works with young people.  
[www.rcpsych.ac.uk/expertadvice/youthinfo/parentscarers/growingup/self-harm.aspx](http://www.rcpsych.ac.uk/expertadvice/youthinfo/parentscarers/growingup/self-harm.aspx)

**Harmless** supports people who self-harm and their families, with information, email support, a DVD and workbook. [www.harmless.org.uk](http://www.harmless.org.uk)

**The National Self-Harm Network**  
[www.nshn.co.uk](http://www.nshn.co.uk) has helpful information and advice, downloadable posters and a DVD.

**Mind**  
[www.mind.org.uk](http://www.mind.org.uk) provide information and advice, including how young people can help themselves with different emotions.

**MindEd** is a portal that provides e-learning modules on many aspects of mental health in children and young people. It includes a 40 minute module on Self-harm and risky behaviour. [www.minded.org.uk](http://www.minded.org.uk)

**The Mental Health Foundation** focuses on the mental health of adults and young people, bringing together evidence based approaches and practical advice for all. On their website [www.mentalhealth.org.uk](http://www.mentalhealth.org.uk) they provide free podcasts, specific information, apps and other resources.

**YoungMinds** is the UK's leading charity committed to improving the emotional well-being and mental health of children and young people. [www.youngminds.org.uk](http://www.youngminds.org.uk) They provide information, factsheets for professionals and parents, booklets for young people and a parent helpline **0808 802 5544**.

**Family Lives** provide a telephone helpline **0808 800 2222** or online chat service for parents wanting to understand and support their child with a range of issues, including self-harm. [www.familylives.org.uk](http://www.familylives.org.uk)

**Childline**  
**0800 1111** [www.childline.org.uk](http://www.childline.org.uk) provides support, online counselling, DVD material, message boards and practical advice to children and young people.

**MindFull** is a new service, for 11–17 year olds. It provides support, information and advice about mental health and emotional wellbeing. There are 3 ways to access help; self-help, Mindfull mentors and professional counsellors. [www.mindfull.org](http://www.mindfull.org)

**Alumina** is an online course started by [www.selfharm.co.uk](http://www.selfharm.co.uk) for young people aged between 14–18. It can also be done at their own pace using video material. There are stories, blogs and practical advice for parents and young people on the website too.

**Bristol Crisis Service for Women (BCSW)** is a national organisation that supports girls and women in emotional distress. They also provide a free online 'Spectrum' diary to use. [www.selfinjurysupport.org.uk/](http://www.selfinjurysupport.org.uk/)

## Where to find support in Northamptonshire

**[www.asknormen.co.uk](http://www.asknormen.co.uk)**  
A website for everyone with an interest in the emotional wellbeing and mental health of children and young people in Northamptonshire. Training courses on self-harm and specific information on self-harm, as well as other issues.

**[www.talkoutloud.info](http://www.talkoutloud.info)**  
A website for young people who wish to get support for their mental health needs. This is a site created in conjunction with Northamptonshire young people as part of the Mental Health Stigma Programme.

**[www.northamptonshire.gov.uk/shoebox](http://www.northamptonshire.gov.uk/shoebox)**  
A website with general information, resources and links to help adults working with children and young people, where there are concerns about mental health and emotional wellbeing. The site provides links to the existing self-harm booklet, training courses and other useful documents.

**The Northamptonshire CAMHS Consultation Line**  
For **professionals only** on 0300 1111 022. Monday to Friday, 9.30am – 1pm.  
This consultation line provides advice and support from Specialist Primary Mental Health Practitioners to professionals in their work with children, young people and their families who present with emotional or mental health difficulties.

## Youth Counselling Services

- **Service Six**  
03332 400 716  
[www.servicesix.co.uk](http://www.servicesix.co.uk)
- **The Lowdown**  
01604 622 223  
[www.thelowdown.info](http://www.thelowdown.info)
- **Time2Talk**  
01327 706 706  
[www.time2talk.org.uk](http://www.time2talk.org.uk)
- **Kettering Youth Information Service** (also covers Corby)  
01536 510 089  
[www.kyi.org.uk](http://www.kyi.org.uk)
- **CHAT**  
01832 274 422  
[chat@oundle@hotmail.com](mailto:chat@oundle@hotmail.com)



## Support for parents/carers whose child maybe self-harming

As a parent/carer/guardian, you may feel angry, shocked, guilty and upset when you find out your child has been using self-harming behaviours. These reactions are normal, but what the person you care about really needs is support from you. The person needs you to stay calm and to listen to them cope with very difficult feelings that build up and cannot be expressed. The person needs 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 a car, risk taking behaviour e.g. alcohol intoxication where the intent is to deliberately cause harm to self.

### How common is self-harm?

Over the past 40 years, there has been a large increase in the number of young people who harm themselves. A large community study found that among 15 to 16-year-olds, approximately 7% 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 that 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, such as arguments with family, the break-up of a relationship, failure in exams and bullying at school. Sometimes several stresses occur over a short period of time and one more incident is 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 you can do to help:

- Keep an open mind
- Make the time to listen
- Help the person find different ways of coping
- Go with the person 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: **0800 018 2138**
- Samaritans: **08457 90 90 90**
- PAPYRUS HOPELine UK: **0870 170 4000**
- MIND Info Line: **0845 766 0163** (self-help books also available)
- Youth Access: **020 8772 9900**
- School health nurse or college mentor
- Health visitor

## Suggested script for talking to parents/guardians

Please note, not all young people want to be present when you make the phone call home to parents/guardians. However, it is important to always offer this option to them so they feel involved and are aware of what you have told the parents.

Good morning/afternoon name of parent/carer/guardian.

This is \_\_\_\_\_ from your child's school.

I am just ringing to let you know that \_\_\_\_\_ has come to me today in school to tell me that they have harmed themselves.

OR

I am just ringing to let you know that I have noticed that \_\_\_\_\_ has been self-harming.

*Usually parents are quite shocked by the first phone call, so please use lots of reassurance e.g. not uncommon.*

*Depending on the reaction – some suggestions of what to say next:*

This is not uncommon and is a way of them coping at the present time/with difficulties they have described.

Your child cannot stop self-harming just because you want them to. Self injury isn't something you can stop because of will power or because you have made a decision. Nor is it a cry for help or attention-seeking.

Your child is having trouble dealing with emotions and for now, this is the only way they can deal with them.

Trying to physically restrain your child or prevent them from harming is the worst thing you can do. If a young person feels they are being prevented from doing what they need to do, it can drive the behaviour underground so they are less likely to seek help – or they are likely to feel more out of control. When they feel out of control they are more likely to harm themselves in a worse way.

This doesn't mean you have to put up with anything and you certainly don't have to accept or approve their self-harming. But what you can say is this: 'OK, we accept that this is where you are now. Let's see how we can help you move forward'. There can be clear boundaries put in place – where your child agrees to keep talking to you, the parent and seek help.

They have self-harmed by

They have told me that they are self-harming because *(please insert reason)*

We are going to support him/her in school/setting by... *(insert strategies that you have already discussed with child that you can provide in your school/setting).*

You can find further information on what you can do to support your child by referring to page 16 – *choose what you think will be helpful for that particular parent/carer.*

We will send you our Parents Information leaflet and useful websites and helplines home with your child that you may want to look at.

Your child is going to try... *(insert coping strategies discussed).* Please can you support them in trying these out?

You might want to consider taking your child to see the GP to have his/her mood assessed.

We are concerned about your child and would like to make a referral to social services/CAMHS.

*You may want to give advice about what to do if their child presents to them with their self-harming injuries. Advice to give might include:*

Stay calm and don't over-react. Your child isn't trying to kill themselves but they're scared, so don't add to it. Sit them down and treat the wound or seek medical attention, if necessary. You don't even have to comment on the fact that it's happened. Don't try to extract information or put pressure on them to talk to you. When they are ready they will come to you and talk. Reassure your child, tell them that you're there to support them and you will get through this together. You can say: 'I don't know what to do or say but I'm worried about you – we need to seek help.'

You (parents/carers) can make a massive difference very quickly. Try to take the focus off self-harm, as the problem isn't the self-harm, the problem is that someone is distressed enough to do that in the first place. Keep talking but take the self-harm out of the equation e.g. how are you feeling today? Parents have to accept that their child might not want to talk to them about it and may never give an explanation. However, if your child does confide, don't dismiss or trivialise their worries.

Don't take the self-harming personally. Please don't respond with anger and frustration but enquire how \_\_\_\_\_ is feeling.

It's important that however bad parents think things are, they are hopeful of change. Believe and keep believing in your child's capacity to overcome it. Then they'll feel that too. That sounds clichéd but it makes a big difference. The biggest thing that people who self-harm say they want to hear is 'it'll be ok.'

Follow up with further phone calls if you continue to see the child regularly or if you continue to be concerned.

## Sample letter to parents following meeting about self-harm

Date:

Dear (Parent/Carer/Guardian)

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 visit your local GP for advice and help and /or as agreed, we have sent a referral to social services and/or Children and Adolescent Mental Health Service (CAMHS).

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

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

Yours sincerely,

Title

Copies to:

## Information on self-harm for young people

### What is self-harm?

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

### How many young people self-harm?

A large study in the UK found that about 7% (i.e. 7 out of every 100 people) of 15 to 16-year-olds had self-harmed in the past 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 worried
- not feeling very good or confident about themselves
- being hurt by others: physically, sexually or emotionally
- feeling under a lot of pressure at school or at home
- losing someone close, such as someone dying or leaving

When difficult or stressful things happen in a person'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 can build up until the young person feels he or she 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 the person showing other people that something is wrong in his or her life.

### How can you cope with self-harm?

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

- finding someone to talk to about your feelings, such as a friend or family member
- talking to someone on the phone e.g. you might want to ring a helpline
- writing and drawing about your feelings, because sometimes it can be hard to talk about feelings
- scribbling on and/or ripping up paper
- listening to music
- going for a walk, run or other kind 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 learns to understand and deal with the causes of stress that he or she feels. The support of someone who understands and will listen to you can be very helpful in facing difficult feelings.

- **At home:** parents/guardians, 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 or she can make a referral for counselling or specialist CAMHS support.

### Help lines:

- **Young Minds:**  
02073 368 445 or  
enquiries@youngminds.org.uk
- **Samaritans:**  
08457 909 090 or  
jo@samaritans.org.uk
- **MIND Information Line:**  
08457 660 163  
(self-help books are also available)
- **Youth Access:**  
02087 729 900
- Another useful address is:  
**National Self-Harm Network**  
PO Box 7264  
Nottingham NG1 6WJ  
www.nshn.co.uk

### Help in Northamptonshire – Youth Counselling Services:

- **Service Six**  
03332 400 716  
www.servicesix.co.uk
- **The Lowdown**  
01604 622 223  
www.thelowdown.info
- **Time2Talk**  
01327 706 706  
www.time2talk.org.uk
- **Kettering Youth Information Service**  
(also covers Corby)  
01536 510 089  
www.kyi.org.uk
- **CHAT**  
01832 274 422  
chat@oundle@hotmail.com

### 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 or her.
- Encourage your friend to get help. You can go with your friend or tell someone that he or she wants to know about it.
- Get information from telephone helplines, websites, a 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 or not done enough.
- Your friend may get angry with you or tell you that 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 talk to an adult who can support you. You may not always be able to be there for your friend and that's ok.

## Other useful information for settings – Exemplar Self-Harm Policy

It is good practice for all settings to have a Self-Harm Policy which is part of their Safeguarding Policy.

### Exemplar Self-Harm Policy

#### 1. Introduction

Recent research indicates that up to one in ten young people in the UK engage in self-harming behaviours, and that this figure is higher amongst specific populations, including young people with special educational needs. Adults who work with children and young people as volunteers or paid staff, can play an important role in preventing self-harm and also in supporting the peers, parents/carers of the child or young person who is currently engaging in self-harm.

#### 2. Scope

This document describes the settings approach to self-harm. This policy is intended as guidance for all adults who work within the setting. (In schools this would also include governors).

#### 3. Aims

- To increase understanding and awareness of self-harm
- To alert adults to warning signs and risk factors
- To provide support to adults dealing with children and young people who self-harm
- To provide support to children and young people who self-harm and their peers and parents/carers

#### 4. Definition of self-harm

Self-harm is any behaviour where the intent is to deliberately cause harm to one's own body for example:

- Cutting, scratching, scraping or picking skin
- Swallowing inedible objects
- Taking an overdose of prescription or non-prescription drugs

- Swallowing hazardous materials or substances
- Burning or scalding
- Hair-pulling
- Banging or hitting the head or other parts of the body
- Scouring or scrubbing the body excessively

#### 5. Risk factors

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

- **Individual factors:** Depression and anxiety, poor communication skills, low self-esteem, poor problem-solving skills, hopelessness, impulsivity, drug or alcohol abuse
- **Family factors:** Unreasonable expectations, neglect or physical, sexual or emotional abuse, poor parental relationships and arguments, depression, self-harm or suicide in the family
- **Social factors:** Difficulty in making relationships/loneliness, being bullied or rejected by peers

#### 6. Warning signs

Adults may become aware of warning signs which indicate a child or young person is experiencing difficulties that may lead to thoughts of self-harm or suicide. These warning signs should always be taken seriously and adults observing any of these warning signs should seek further advice from their designated safeguarding lead in the setting. In this setting this is \_\_\_\_\_.

Possible warning signs include:

Changes in eating/sleeping habits (e.g. child/young person 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 (in school), talking or joking about self-harm or suicide, abusing drugs or alcohol, expressing feelings of failure, uselessness or loss of hope, changes in clothing e.g. becoming a goth.

#### 7. Adult roles in working with young people who self-harm

Children and young people may choose to confide in a trusted adult if they are concerned about their own welfare or that of a peer. Adults may experience a range of feelings in response to self-harm in a child/young person such as anger, sadness, shock, disbelief, guilt, helplessness, disgust and rejection.

However, in order to offer the best possible help to children and young people it is important to try and maintain a supportive and open attitude – a child/young person who has chosen to discuss their concerns with an adult is showing a considerable amount of courage and trust. Children and young people need to be made aware that it may not be possible for adults to offer complete confidentiality.

If you consider a child/young person is at serious risk of harming themselves then confidentiality cannot be kept.

It is important not to make promises of confidentiality that cannot be kept even if a child/young person puts pressure on you to do so.

Any adult in the setting who is aware of a child/young person engaging in or suspected to be at risk of engaging in self-harm should consult their designated safeguarding lead for safeguarding (\_\_\_\_\_), or the designated safeguarding governor within a school.

Following the report, the designated safeguarding person will decide on the appropriate course of action. This may include:

- Contacting parents/carers
- Arranging professional assistance e.g. doctor, nurse, social services
- Arranging an appointment with a counsellor
- In school, immediately removing the student from lessons if their remaining in class is likely to cause further distress to themselves or their peers

In the case of an acutely distressed child/young person, the immediate safety of the child/young person is paramount and an adult should remain with the child/young person at all times.

If a child/young person has self-harmed in the setting, a first aider should be called for immediate help.

#### 8. Further considerations

Any meetings with a child/young person, their parents or their peers regarding self-harm should be recorded in writing including:

- Dates and times
- An action plan
- Concerns raised
- Details of anyone else who has been informed (See appendices 5–7 for exemplar recording forms).

This information should be stored in the child/young person's child protection file.

It is important to encourage children/young people to let you know if one of their group is in trouble, upset or showing signs of self-harming. Friends can worry about betraying confidences 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. They should also be aware that their friend will be treated in a caring and supportive manner. 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. Any adult wishing for further advice on this should consult their designated safeguarding lead.

When a young person is self-harming it is important to be vigilant in case close contacts with the individual are also self-harming. Occasionally settings discover that a number of children/young people in the same peer group are harming themselves.

**Checklist for supporting the development of effective practice for children and young people who display self-harming behaviours.**

Below is a checklist for your setting to audit the practice you currently have in place and to develop an action plan so that your setting and the adults that work within it are better able to support children and young people who display self-harming behaviours or are at risk of self-harming.

The setting has a policy for supporting children and young people who are self-harming or at risk of self-harming.

The Northamptonshire Self-Harm Toolkit has been discussed and adopted.

**Training**

All new adults receive an induction on safeguarding procedures and setting boundaries around confidentiality. This includes the Northamptonshire Self-Harm Toolkit.

All adults receive regular training on child-protection and safeguarding procedures.

For schools – the following staff groups – reception staff, first-aid staff, technicians, dinner supervisors – receive sufficient training and preparation for their roles.

Staff members with pastoral roles (head of year, designated safeguarding lead, SENCO etc.) have access to training in identifying and supporting young people who self-harm.

**Communication**

The setting has clear open channels of communication that allow information to be passed up, down and across the system.

All adults know to whom they can go if they discover a young person who is self-harming.

In schools – the senior management team is fully aware of the contact that reception, first-aid staff, technicians and dinner supervisors have with young people and the types of issues they may come across.

Time is made available to listen to and support the concerns of adults on a regular basis.

**Support for children and young people**

In schools – school members know the different agency members who visit the school e.g. school counsellors, school health nurses etc.

Male adults are supported in considering their responses to girls whom they notice are self-harming.

Adults in the setting know how to access support for themselves and children and young people.

Children and young people know to whom they can go for help.

**Setting ethos**

The setting has a culture that encourages children and young people to talk and adults to listen and believe.

**Action planning**

Following your audit, you may want to develop an action plan for supporting children and young people with self-harming behaviours, or an intent to self-harm. Use Appendix 11 as your action plan.

## Appendix 1 – Alternative coping strategies

A number of young people report that they find alternative coping strategies and techniques useful. However it is extremely important to recognise the need for individual techniques otherwise this approach will not work. Some of the most useful alternative coping strategies used by a range of young people include:

### Distraction Techniques

- Cleaning
- Tidying
- Washing clothes
- Playing games – cards/board games/computer
- Sports exercise – walking/running/dance
- Gardening/plants
- Visiting a friend
- Telephoning a friend
- Painting or drawing pictures/posters/cards
- Writing letters
- Puzzles
- Watching TV/DVD
- Listening to music
- Cinema
- Shopping
- Hobbies – sewing, knitting, collecting

### Comforting Techniques

- Hold a safe object
- Sit in a safe place
- Listen to soothing music
- Sing favourite songs
- Use perfume/hand cream
- Spray room with fragrance
- Use pot pourri
- Buy fresh flowers
- Eat a favourite food
- Have a soothing drink
- Have a bubble bath
- Soak your feet
- Change the sheets on your bed
- Stroke your pet
- Wear comfortable clothes
- Hug someone
- Put lights on (to sleep)
- Prayer

### Positive Emotional Techniques

- Read old letters
- Look through old photos
- Listen to emotional music
- Watch funny/heart-warming film
- Read joke book
- Say positive statements to self
- Make an emergency bundle
- Read your list of assets or strengths
- Self-voice tape

### Comforting Techniques

- List emotional triggers
- Write poetry/prose regarding feelings
- Paint/draw emotions
- Write a diary
- Discuss feelings with another person
- Rainy day letter

### Relaxation Techniques

- Guided fantasy dreamtime
- Focus solely on breathing/breath deeply
- Count your breaths
- Focus on the position of your body
- Relax each muscle individually
- Listen to relaxation music
- Listen to guided relaxation on tape
- Meditation
- Yoga
- Massage hands, feet, head etc.

### Alternative 'Safer' Forms of Self-Harm

- Hold ice in hand
- Squeeze rubber ball
- Listen to very loud music
- Rubber band on wrist
- Throw things/scream, punch cushions
- Body paint
- Stand under very hot/cold shower
- Break sticks

## Appendix 2 – Distractions that can help (taken from the National Self-Harm Network [www.nshn.co.uk](http://www.nshn.co.uk))

### Displacement:

01. Drawing on yourself in red marker pen
02. Snapping an elastic band on your wrist
03. Putting on fake or henna tattoos and then peeling them off
04. Putting plasters or bandages on where you want to self-harm
05. Mix warm water and food colouring and put it on your skin
06. Make ice cubes with added red food colouring and rub them on where you want to self-harm
07. Squeezing ice cubes
08. Chewing leather
09. Use stage make-up to create fake injuries
10. Use skin coloured plasticine, smear it on your skin, cut into the plasticine (carefully) pour fake blood or food colouring into the fake cut
11. Draw yourself or around your arm on a piece of paper, draw the harm you are imagining then destroy the picture
12. Take a photo of yourself when you are feeling upset, write all over it how you are feeling then destroy the picture
13. Take a hot shower and use a good exfoliating body wash and a sponge or glove and scrub!
14. Draw over all your old scars, which will provide a repetitive action and hopefully will relieve urges
15. Bite into a chilli

### Reinforcing:

01. Thinking about not wanting scars in the summer
02. Thinking about not wanting to go into hospital
03. Set yourself a target e.g. 10 minutes and promise yourself not to harm in this time. Once you get to the 10 minute point, set a new target of 15 minutes and continue
04. Use a glowstick. When you feel the urge to harm, snap the glowstick to start it glowing. Tell yourself that you can't harm until it stops glowing. The glow will last for a few hours by which time your urges will hopefully have passed

### Physical:

01. Exercise – sit ups etc.
02. Going to the gym
03. Punching a punch bag
04. Having a pillow fight with the wall
05. Shouting and screaming
06. Ripping up paper into small pieces
07. Popping bubble wrap
08. Popping balloons
09. Playing with a stress ball
10. Plucking your eyebrows
11. Taking your anger out on a soft toy
12. Throwing socks against the wall
13. Dancing
14. Stamping your feet (with boots on)
15. Playing catch with a ball
16. Swimming
17. Going for a drive/bike ride/bus ride/walk/run

### Creative

01. Writing poetry, journals, letters, stories etc.
02. Doodling or scribbling on paper
03. Playing a musical instrument
04. Singing
05. Knitting
06. Sewing
07. Crocheting
08. Drawing or painting
09. Origami
10. Memorising poetry or song lyrics
11. Make a playlist of your favourite music

### Comforting

01. Cuddling a soft toy/pillow
02. Allowing yourself to cry
03. Sleeping
04. Taking a shower or bath
05. Playing with a pet
06. Drinking hot chocolate
07. Wearing your pyjamas and watching daytime TV
08. Having a massage or massaging your own hands and feet

### Constructive

01. Doing school work, homework, paperwork
02. Writing a to-do list
03. Untangling necklaces, string, wool
04. Organising your room, clothes, photographs
05. Cleaning
06. Organising CD's, DVD's and books in genres, alphabetical and/or chronological order
07. Reading a book
08. Cooking, bake a cake or make cookies, meal
09. Calling a helpline, Samaritans, Child Line etc
10. Polishing furniture, jewellery
11. Posting on web forums/reply to posts
12. Writing a list of positive things in your life
13. Shredding
14. Dying hair
15. Painting your nails
16. Putting on false nails
17. Putting on fake tan
18. Stamping on cans for recycling (with sturdy shoes on)
19. Gardening

## Appendix 2 – Distractions that can help (taken from the National Self-Harm Network [www.nshn.co.uk](http://www.nshn.co.uk))

### Fun

01. Watching your favourite TV show
02. Going to see a film, watching a DVD
03. Surf the internet
04. Listen to music, download new music
05. Dressing up, glamorous or silly
06. Using make-up or face paints
07. Finger painting
08. Colouring in
09. Playing with play dough or modelling clay
10. Pop balloons
11. Jumping in puddles
12. Hunting for things on eBay
13. Planning an imaginary party
14. Looking for your perfect house in the paper
15. Write down your full name then make as many words out of it as possible
16. Counting anything, patterns on wallpaper, bricks on a wall, ceiling tiles
17. Playing computer games
18. Colouring or scribble over pretty women in magazines or cutting up magazines
19. Building things from Lego then destroy them and rebuild
20. Going to the zoo and renaming all the animals
21. Playing with a distraction toy such as a bedlam cube, geomag, or a tangle
22. Doing crosswords, word searches, suduko etc.
23. Naming all your soft toys
24. Play with a slinky
25. Going shopping to treat yourself

### Distractions with others

01. Generally being with other people
02. Phoning a friend
03. Helping someone else
04. Going to a public place
05. Visiting a friend
06. Hugs
07. Talking about your problems with someone close to you that knows what you are going through

### Inspiring

01. Looking up into the sky, cloud watching or star gazing
02. Watching a candle burning
03. Meditating
04. Picking an object, a shell or rock for example, and focusing on it very closely
05. Look at works of art
06. Watch fish, birds or butterflies
07. Yoga/Tai chi

## Appendix 3 – Do's and don'ts for working with children and young people who self-harm

### DO

- **Stay calm** – do not show anxiety, disapproval or disgust – then
- **Listen** – just being listened to can be a brilliant support and bring great relief to someone; particularly if they have never spoken to anyone about their self-harming before
- **Listen initially** – calmly ask any relevant questions – try and build a rapport with the young person, whilst you ascertain what is happening for them.
- **Listening** – does not just require ears – Observe the young person's non verbal clues – look at their body language – does what they say and what you see match up? What is the underlying mood state – is it anger? Sadness? Frustration?
- **Think** carefully before you act – what is in the best interest of the young person.

Remember most episodes of self-harm have nothing to do with suicide. However the easiest way to differentiate between suicide and self-harm is by asking the young person what was their intention behind the self-harm behaviours.

**Treat a suicide intention as an emergency, do not leave the young person alone or in a vulnerable environment – get help and support by contacting emergency services as soon as possible and remain calm.**

### DON'T

- **Panic** – Unfortunately many young people self-harm – it is a complex issue and each young person will have a different reason or story behind their behaviour – panicking will not help the young person feel psychologically contained.
- **Work alone** – you may still see a young person alone, but you will need to offload with an appropriate staff member or colleague from another agency.
- **Offer** to take the young person to your home environment.
- **Give them your mobile number or house number** – or get into texting the young person. It is more appropriate and professional for you to help the young person identify their supportive network, than for you to take this upon yourself. (Self-harming behaviours can be extremely concerning, but you cannot offer objective support when enmeshed within the young person's difficulty).
- **Send the young person away** – make some time for them – either help them find other ways of coping or support them in getting the right kind of support.
- **Be judgemental** – keep an open mind about the behaviour and don't refer to it as "attention seeking".



## Appendix 4a – Baseline Risk Assessment Tool: questions and guidance

Initial questions
What has been happening? <i>(Give reassurances i.e. it's ok to talk about self-harm and suicidal thoughts and behaviour)</i>
Have you got any injuries or taken anything that needs attention? <i>(If urgent medical response needed call an ambulance)</i>
Who knows about this? <i>(Say who you will have to share this with e.g. designated safeguarding lead, and when this will happen)</i>
Are you planning to do any of these things? <i>(Consider likely or imminent harm)</i> <i>(Check what they can do to ensure they keep themselves safe until they are seen again e.g. stay with friends at break time, go to support staff)</i>
Have you got what you need to do it? <i>(Means)</i>
Have you thought about when you would do it? <i>(Timescales)</i>
Are you at risk of harm from others?
Is something troubling you? <i>(Family, school, social, consider use of child protection procedures)</i>

Setting up the contract with the child or young person	Yes	No	N/A
Discuss confidentiality if necessary			
Discuss child protection if necessary			
Discuss who knows about this			
Discuss contacting parents/guardians			
Discuss who you will contact i.e. the school nurse			
Discuss contacting the GP			

Further questions
What, if any self-harming thoughts and behaviours, have you considered or carried out? <i>(Either intentional or unintentional – consider likely/imminent harm)</i>
If so, have you thought about when you would do it?
How long have you felt like this?
Are you at risk of harm from others?
Are you worried about something?
Ask about the young person's health (use of drugs/alcohol)
What other risk taking behaviour have you been involved in?
What have you been doing that helps?
What are you doing that stops the self-harming behaviour from getting worse?
What can be done in school to help you with this?
How are you feeling generally at the moment?
What needs to happen for you to feel better?

## Appendix 4b – Script guide for interviewing young people who self-harm

Things to consider and what to ask <i>(Please highlight risk level on right of question and record answers below questions)</i>	Low to moderate risk response*	Moderate to high risk response
What led up to self-harming? (Reasons)	Arguments; falling out with boy/girl-friend	Desperation; wanted to end it all
What was the self-harming? (Cutting/overdose)	Cutting, overdose, scratching, burning, hair pulling, inserting objects	Ligature, jumping, crashing, running into vehicles, overdose, burning, poisoning
Where were you at the time? (Circumstances)	Home, school, other	Home, school, other
Was there anyone else around? Yes/no Where were they?	Friends, family, nearby	No one
When did it happen? (Day/time)	Anytime	Anytime
Did you tell anyone? (Who?) And how long after did you tell them?	Yes (family, friend, 999) immediately, shortly afterwards	Yes (on recovery, afterwards) Not at all
How were you feeling before the self-harming?	Anger, upset, sad, frustrated, stressed	Vengeful, anger, upset, sad, frustrated, stressed
Did you try to manage your feelings in any other ways?	No (impulsive) Yes (tried distraction)	No (impulsive) Yes (distraction, substance misuse)
Did you contemplate self-harming for any length of time beforehand?	No (impulsive)	No (impulsive) Yes (for some time; planned how to)
How did you feel after the self-harming?	Regret, foolish, embarrassed, frightened, needed to get help	Nothing (hoped it would work)
Were you under the influence of any alcohol or substance at the time?	No	Yes (lowers inhibitions increases risk)
Have you self-harmed in the past? Yes/no When was this? Any reason?	Yes; No (first time)	Yes; No (first time)

When did you first self-harm? How long ago? How old were you? What did you do?	Long or short period	Long or short period
What types of self-harm have you used? Where have you carried this out?	Cutting, overdose, scratching, burning, hair pulling, inserting objects,	Ligature, jumping, crashing, running into vehicles, overdose, burning, poisoning
How frequently do you use self-harm?	Infrequent, when stressed	Frequently
What other strategies have you used to help you cope?	Talking to friends, reading, writing, drawing, exercise	Talking to friends; nothing
Who do you know you can talk to?	Friends, teacher, counsellor, nurse, mum/dad	Friends, no one
Have you ever experienced suicidal thoughts? Yes/no Are they random/fleeting or persistent?	No; Yes (fleeting, random)	Yes (random, persistent)
Have you ever acted on a suicidal thought or idea?	No; Yes (partly but didn't follow through and stopped)	Yes (tried and failed attempt/partly didn't follow through)
Have you ever written a note to be found by anyone after a self-harming incident?	No; Yes (wrote but didn't do anything)	Yes (wrote but didn't do anything or left note to be found)
Do you keep self-harming equipment anywhere in private?	No (know where to obtain); Yes (in bedroom, in bag/box)	No (know where to obtain); Yes (in bedroom, in bag/box)
What are your hopes and ambitions for the future?	Some hopes and ambitions	Little or; No hopes and ambitions
Are you interested in managing your self-harming?	Yes (to manage and try alternatives to stop self-harming)	Yes (can manage sometimes); No (don't want help or to stop self-harming)
Generally; how would you describe your mood (scale 1–10)	Sad, Low, Depressed, Ok (1–5)	Depressed, Low (6–10)
If depressed; for how long (circumstantial?)	Now and then, (at school/home/after argument)	Most days for a long time, (nearly all the time, anywhere)
Is there anything else you want to talk about?		

## Appendix 4b – Script guide for interviewing young people who self-harm

\* Consider cross-referencing with other responses i.e. ‘overdose was impulsive but YP told someone immediately afterwards’ would be low-mod risk; ‘overdose impulsive or planned and not telling anyone or under the influence of substance’ would be a mod-severe risk.

Low or severe risks also pend the circumstances and psychological mind state etc. Usually it’s the lethality of the action which determines the level of risk: i.e. jumping from height or into moving cars; taking serious and potentially fatal overdose or taking a toxin. Whilst a general overdose could also be fatal, this is rarely the case.

## Appendix 4c – Proactive support plan for incidence of self-harm in school

Key concerns/focus: e.g. anxiety, behaviours seen, incidence of low mood etc.

Behaviour displayed	Cues	Triggers	Likely function of behaviour
E.g. biting hands/arms, cutting, pinching etc.	E.g. arousal state, becoming hyperactive and loud, withdrawal, contextual cues, environmental cues.	E.g. requests being made of them, feeling of being unable to complete an activity, mention of particular events, comments from peers, other contextual triggers, other environmental triggers.	E.g. soothing/calming means of control, release, avoidance etc.
Awareness of triggers	What are X’s potential triggers? Are they modifiable? If not, what can enable avoidance of these triggers? How can X be prepared for a situation when such triggers may arise?		
Teaching replacement skills (functional equivalents)	What opportunities does X have to communicate their feelings/discuss events/anxieties? How can X recognise when they have been able to do this? Are any planning/coping systems used with X to help aid independence?		
Interaction styles	Which interaction styles does X respond well to? (e.g. humour, praise etc) Does X prefer 1:1 or group interaction? Which risks, if any, have to be monitored for this and do any protocols need to be in place for this? Do interaction styles differ between adults and peers? How can positive opportunities for interaction which take account of these styles be facilitated?		
Rewards/incentives	Which rewards/incentives does X respond to? Ideally extrinsic (external e.g. reward) and intrinsic (internal e.g. pride) motivators should be identified.		
Changing the environment	Which environmental factors facilitate success for X? Take account of different senses/stimuli e.g. noise positioning, group size, group demographics etc.		
Routine and structure	Which elements of routine and structure does X require? What style does this need to follow e.g. visual etc? At which times is this structure particularly important for X?		
Transitions	Which additional factors need to be considered for X at times of transition? Are coping plans in place for X if needed?		


## Appendix 4c – Proactive support plan for incidence of self-harm in school

Behaviour displayed	Cues	Triggers	Likely function of behaviour
Boundaries	What guidance does X need in terms of boundaries? Which areas are particular points of focus for X e.g. personal space, peer relationships etc.		
Communication	Which strategies are used to facilitate positive communication for X? What adaptations are used to take account of X's needs?		
Key figures and self-harm team support	Which adults can X communicate with? What are X's key relationships in school and out of school? Has X got an agreed support structure in place? Are there particular self-harm team protocols in place to support X?		
Other notes			

## Appendix 4d – Quick check assessment

A	B	C	D	E
<b>Appearance and atmosphere:</b> what you see first – everything, including physical problems.	<b>Behaviour:</b> what the individual in distress is doing, and if this is in keeping with the situation.	<b>Communication:</b> how the individual in distress is communicating, what they say and how they say it.	<b>Danger:</b> whether the individual in distress is in danger and whether their actions put other people in danger.	<b>Environment:</b> where they are situated, and whether anyone else is there who will either exacerbate the situation or offer support.

## Appendix 5 – Self-harming behaviours incident form

Young person's name:			
Date of report:		Number of previous reported incidents:	
Age:	Gender:	Year:	Special needs: Y/N
Staff member completing form:		Position:	
Incident description (please mark on diagram):			
			
Time and context of occurrence:			
Action taken by school personnel:			
Decision made with respect to contacting parents and reasons for decision:			
Advice from CAMHS liaison line Y/N If yes, give details:			
Recommendations:			
Follow-up:			
Signature:		Designation:	

## Appendix 6 – Interview record following an episode of deliberate self-harm

School representative/adult completing form:
Initial/review:
Date and time of interview:

Those present:		
Name:	Role:	Signatures:

Plan:
Setting's agreed role:
Young person's agreed role:
Parent's agreed role:

Next review date and time:	
Referral to: (if appropriate)	
To be made by:	

## Appendix 7 – Accompanying guidance for meetings and review meetings

- Before you can decide on any appropriate action to be taken you need to consider all relevant history and details leading to this moment.
- Are you the appropriate/appointed person for this assessment?
- Does your agency have an identified or trained worker for this need?
- Can this situation be dealt with from within your own setting?
- Remember all work with children and young people should, whenever possible, be informed by their views and perspectives.
- Your assessment could take more than one session according to how complex the circumstances are.
- If you do not have a standardised service assessment document, consider completing a common assessment for families (CAF).
- Use a calm assuring/comforting manner whilst you gather the history of events.
- Show a genuine interest to the young person.
- Do you need to speak with others? If so, always seek consent to do so from the young person and/or their parents/carers. Inform the young person about what information will be shared with whom and why.
- Do not rush the assessment. Putting time into this part of your interaction may save time for you and others in the long run and will help to avoid missing vital details.
- There may be concerns of significant harm. This could be about the young person harming themselves or harming someone else. This may lead to you having to refer or share information with others without consent. If so, always follow your settings guidance and/or seek supervision.
- Consider your duty of care. The child always comes first.

### Information Sharing – who needs to:

- Parents/Carers?
- Head Teacher of home school?
- Appointed Designated Safeguarding lead?
- General Practitioner (GP)?
- Accident and Emergency (A&E) Department?
- Police?
- Social Care?
- Child and Adolescent Mental Health Service (CAMHS)?
- Any other relevant agencies?

### Referral to any other agencies:

- Collectively, agencies working together effectively can achieve the right sort of support to safeguard children and young people.
- Don't just refer on to others because the situation seems complex. Assess it properly before you decide how to progress.
- Assess the situation as fully as possible to understand firstly where the needs are and how they can best be supported.
- Refer on to the most appropriate service in accordance to the presenting needs and priority of care required.
- Is there more than one service needed to support the young person's needs? If so, what are the young person's views?
- Don't refer and run. Referral to some agencies may take several weeks for take up of this case, due to waiting lists and priorities.
- Keep in contact with the young person until you are sure the referral to the other agency has been accepted and taken up. Don't let the young person fall through the care net.
- If you refer on is it appropriate?
- Maintain confidentiality within the realms of safety for the young person e.g. it may not be pertinent for others to know some details.
- Forward all relevant history, assessment details and information to aid your referral to other agencies (CAF).
- Don't simply provide third party information if you are referring on behalf of others. Ensure you have taken the responsibility to know about the circumstances first hand. This will relate to the understanding that you are referring to the right agency for the right reasons.
- Ongoing dialogue may be needed between you and the agency that you are referring to. Keep channels of communication open.

### Interview guidance

Introductions:

The purpose of today's meeting is to discuss the needs and ongoing support for..... in relation to his/her recent episode(s) of deliberate self-harm. It is our responsibility to ensure that.....has ongoing access to his/her education/activities and is supported appropriately whilst also considering his/her safety. I am hoping that today, by the end of the meeting, that we can agree what school/setting can do, what you the parents/carers can do and what.....can do himself/herself. I think it will be useful to capture this information on a document to remind us of what we have agreed to do over the next 6–8 weeks. It would be a good idea then to meet again to review.....'s progress and if required, plan further care and support.

I feel we should appoint a representative from school/setting who can be available to.....so he/she has access to talk about pressures, stresses and needs, to prevent further risky episodes served with agreed and planned sessions each week if needed.

It may also be wise to consider a method in which.....can have permission to walk away from stresses and pressures that may exist in a classroom/activity/setting and to go instead to a pre-agreed calmer and safer environment as needed. We will be able to monitor this and hope it will be used appropriately.

Discuss the above two points and come to agreements about who the appointed person may be and when these support mechanisms can be put into place and record them on form in appendix 6.

## Appendix 7 – Accompanying guidance for meetings and review meetings

Now undertake discussion about ways in which the parents/carers may ensure.....'s safety during this period of time. Ultimately parents/carers are responsible for the safety of the young person whilst they are at home. If the parents/carers cannot ensure this, they may consider support from the A&E department, GP, police, social care and any other relevant services. Remind parents that should an episode occur, then.....should be taken to the nearest Emergency Department at the hospital and agree to communicate with you the school/setting representative, this will allow you to make further plans for ongoing and further support.

Record any agreements in the parents/carers' section on the form in appendix 6.

Following an episode of deliberate self-harming and at times of stress or difficulty whilst at school/setting discuss and agree to use other support mechanisms that have been put in place. Enter any agreements into the young person's section on form in appendix 6.

Ask if any assessment has been undertaken by the Child and Adolescent Mental Health Service (CAMHS) or other services in relation to this/these episode(s) of deliberate self-harm. If no therapeutic support is taking place, discuss how this may be accessed with a possible referral. If referral to a therapeutic agency is required, agree on the most appropriate route and who may do this, ensuring agreement and consent from parents/carers and young person. Record this in the referral section of form in appendix 6.

Agree further date and time for review of care plan and record this on the review section of form in appendix 6.

Ask the young person if they know what else may be considered as support in school that will help them to cope in a risk-free way.

Ask each person in the meeting if they have any other ideas for support that could be considered until a review meeting can take place.

Ask those who are present and who have agreed interventions and support to sign the document.

### Brief interview guidance

Consider the most immediate, intermediate and long-term plans and the time scales involved. Make your plans realistic, manageable and achievable.

- Introductions.
- Establish purpose of meeting.
- Has the young person's situation changed in any way since the initial deliberate self-harm event?
- When developing your plan, include the young person and parents/carers in partnership throughout. What is their view, needs, wants and are they willing to engage with you?
- Clearly agree with the young person who is going to do what, to whom, when and how.
- Consider the roles and interventions of the school/setting. Record this on form in appendix 6.
- Consider the roles of the school/setting, the young person and the role of the parents/carers. What responsibility do they play in their care?
- What resources can the young person call on and who else will help them, for instance, friends, family, significant others?
- Strengthen existing support systems and how this is echoed in school/setting.
- How will the young person keep themselves from harm?
- If there are associated problems such as bullying, bereavement, relationship problems or drug use, who else can help these issues? What will the school/setting representative and the school/setting do?
- Don't make plans or promises you can't keep or follow through.
- Are there other agencies involved with this young person, such as CAMHS, school nurse, GP, social care, counsellor or others? If so consider a multi-agency meeting to enlist all essential support if required.
- Always follow local area Safeguarding Children's Board guidance as and when needed.

### Review meeting

- Is the young person demonstrating or talking about improvements in their situation?
- Are you noticing a difference in their presentation, if so are these improvements or concerning factors?
- Consider the use of a scaling tool (0–10) for the young person to give a more accurate sense of their feelings? 0 is feeling low and struggling whilst 10 is coping very well.
- Go over the plan you previously agreed and ask about each part of the plan and how things have gone since your last meeting.
- Is a referral to others needed?
- Is it appropriate to end the planned support? If so how will you achieve this? Is there a fall back plan? Can the young person be given contacts or networks to communicate with others should another crisis occur?

## Appendix 8 – In class strategies for support (primary)

Name of child or young person: .....

Start date for interventions: .....

**Please record in box at end of each intervention how many times this has been used in the week:**

1. Giving lot of reassurance	
2. Partner child up with a positive peer	
3. Sit child closer to teacher in class	
4. Give responsibilities e.g. giving things out in class	
5. Offering regular praise to child	
6. Encouraging other children to include child	
7. Actively change class seating positions for child to experience other children	
8. Allow an item (non noisy) to comfort/fidget with	
9. Give succinct, clear and short requests with reassuring tones	
10. Praise child's strengths	
11. Third party story with moral to the class of caring for one another	
12. Friendship group work, work on social skills	

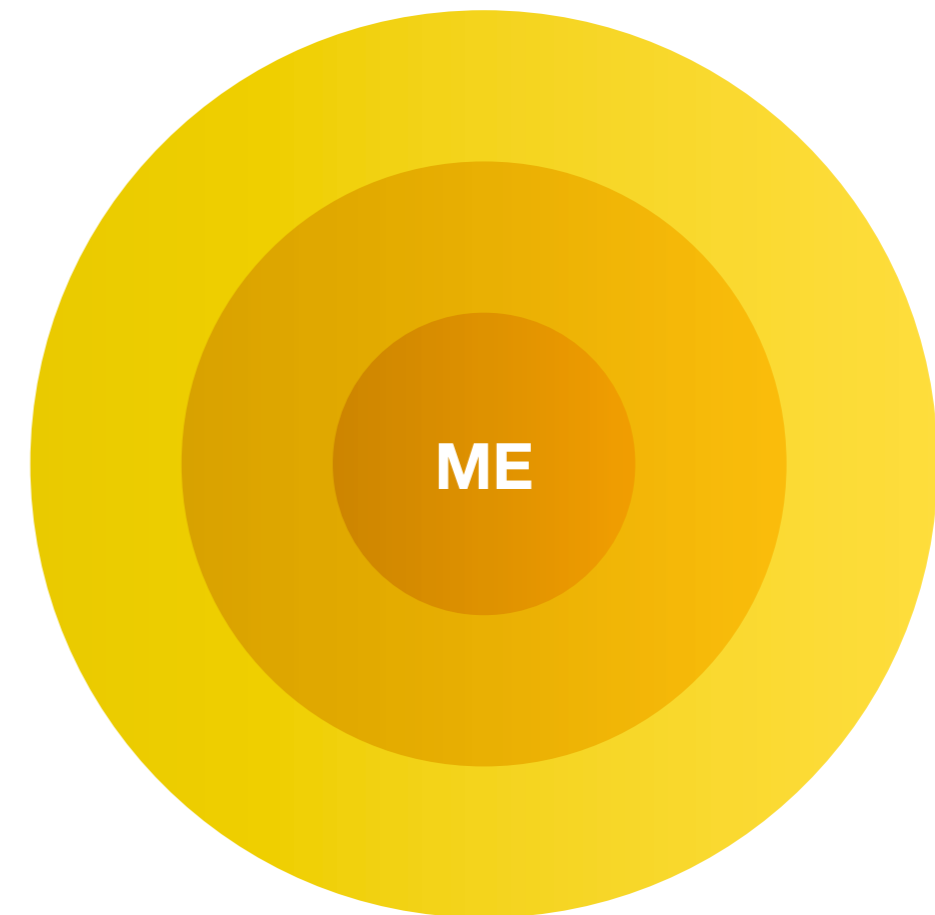
**Any other observations or notes:**

## Appendix 9 – My safety net

There are different types of people in our lives. Try to identify some people in each of the groups below that you would feel most comfortable talking to:

- family and close friends
- friends and people you see every day
- help lines and professional people you could go to for help.

Also, write in 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**

If you prefer, there are other ways to represent a safety net e.g. using a hand or a flower with petals. It is your safety net!



## Appendix 10 – Protective Behaviours

Protective Behaviours (PBs) has been used in Northamptonshire schools since the year 2000, to promote safety, emotional literacy and build resilience in children and young people. It has also been used by CAMHS in workshops with young people who have self-harmed.

PBs is based on two themes:

1. We all have the right to feel safe all the time.
2. We can talk with someone about anything, even if it is awful or small.

By teaching people to label and talk about feelings,(which includes feeling safe), identify their Early Warning Signs when they don't feel safe and develop strategies to do something about the situation and feel safe again, we are enabling them to deal with a range of difficult life situations.

For more information about PBs visit [www.pbpeople.org.uk](http://www.pbpeople.org.uk)

For training about self-harm and PBs in Northamptonshire visit [www.northamptonshire.gov.uk/tamhs](http://www.northamptonshire.gov.uk/tamhs)

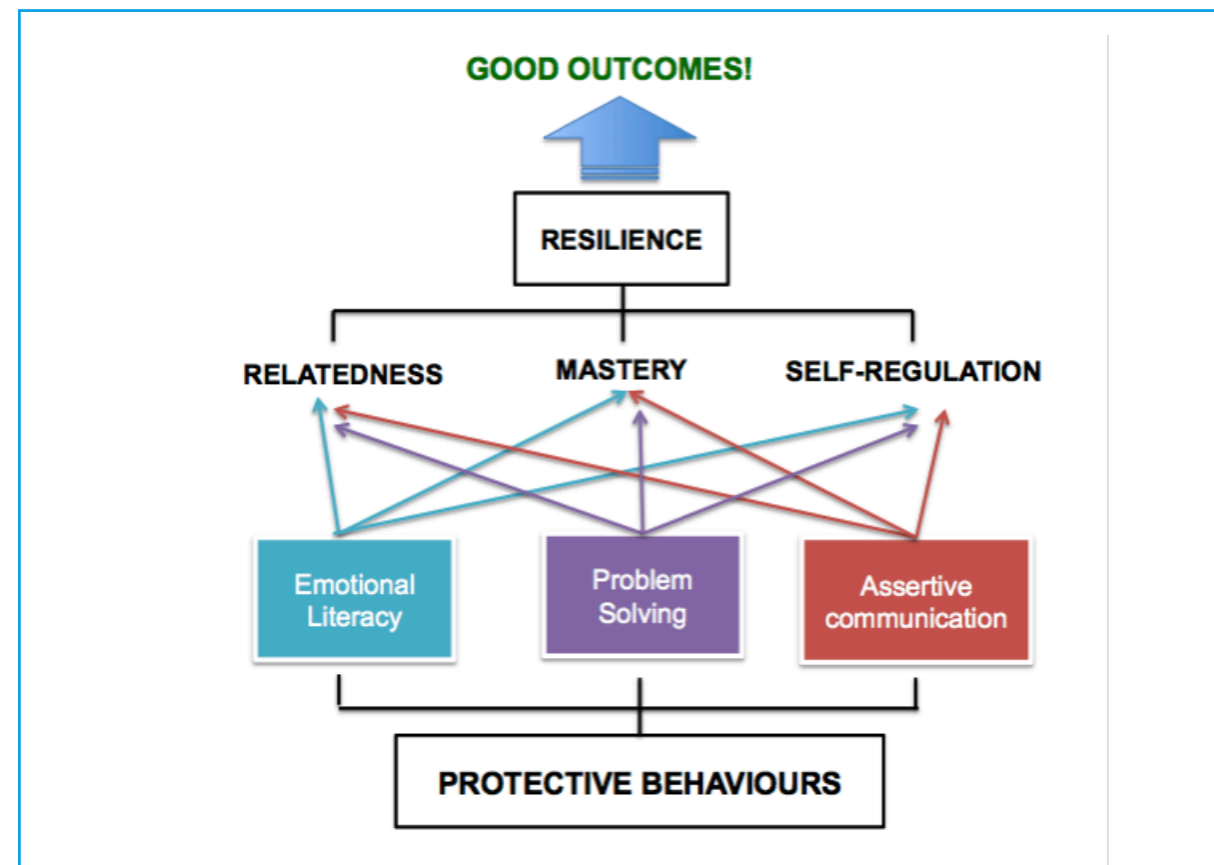


Diagram from Dr Stephen Briers' presentation at the Protective Behaviours Conference, Brighton, June 2014. See [www.safety-net.org.uk](http://www.safety-net.org.uk) for the full presentation.

## Appendix 11 – Action Plan

To address the needs of children and young people who may be self-harming, or even thinking about it, It is helpful to write down what you are going to do:

Today's date: .....

1.	What am I going to do?
2.	Who can I find to help me in this process? (Write their names here, even if they are simply someone you can talk with).
3.	What are the hopeful outcomes of my actions?
4.	When would be a good date to review the outcomes or the process you are starting? (Write the date here, or at least the month and year and then put it in your diary/calendar as a reminder).



