



# Wandsworth Safeguarding Children Board

Managing self-harm - guidance for schools



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## Contents

Introduction .....	3
Recognising self-harming behaviours .....	4
Primary age children .....	5
Children with SEN / disabilities .....	6
Behaviour support .....	6
Medication and protective devices.....	6
What can you do to help?.....	6
Responding to self-harming behaviours .....	7
Policy / protocol.....	8
Useful contacts / websites.....	8
Appendix 1: Ongoing support / monitoring for pupils who are self-harming .....	9
<i>having an understanding of the self-harming behaviours</i> .....	9
<i>vulnerabilities / other issues that affect the pupil and contribute to self-harming behaviours</i> .....	9
<i>who knows</i> .....	9
<i>who is involved</i> .....	9
Appendix 2: Responding to self-harm flow chart .....	10

# Managing self-harm - guidance for schools

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## Introduction

Self-harm in school-aged children and young people is a very real issue that all schools need to take seriously. Self-harm is increasingly recognised as an issue schools have to deal with and therefore it is important that all school staff have a general understanding of self-harm, are aware of signs to look out for and know what to do if they become aware that a pupil is self-harming.

This document has been developed in consultation with key partners and schools to provide practical guidance for schools in

- recognising self-harming behaviours
- increasing understanding and awareness of self-harm and risk factors
- providing guidance for staff
- responding effectively both strategically and in respect of individual pupils
- talking to parents and aspects of confidentiality
- helping key staff to consider how to best support colleagues who have been working with pupils who self-harm

Self-harming is when someone chooses to inflict pain on themselves or cause themselves harm or injury in some way. It includes, but is not limited to, cutting, overdosing (self-poisoning), hitting, burning or scalding, pulling hair, picking or scratching skin, self asphyxiation, ingesting toxic substances, and fracturing bones. Some young people harm themselves in less obvious, but still serious ways such as taking drugs, having unsafe sex, binge drinking or developing eating disorders. Self-harm is often habitual, chronic and repetitive and can escalate in frequency and severity.

It can feel to other people that these things are done calmly and deliberately – almost clinically. But we know that someone who self-harms is usually in a state of high emotion, distress and unbearable inner turmoil. Some people plan to self-harm in advance; for others, it happens on the spur of the moment. Some people self-harm only once or twice, but others do it regularly – it can be hard to stop.

For many children and young people self-harm is a way to communicate emotional distress. Self-harm is a behaviour, and behaviours are a way of communicating feelings. Therefore self-harm is one way of communicating high levels of distress and is often an expression of the need for hard-to-manage feelings to be validated and understood. However, like any behaviour, self-harm may be used to seek help for unmet needs. It is important to understand what these needs are and how they might be met. It is important to remember that the needs are legitimate; the young person may need to find more functional ways to get them met. It could be that there is a problem at home, or an issue of bullying, and they feel no one is listening to them or hearing them.

There is not one 'type' of person who self-harms. Some groups are more vulnerable than others but each case is individual. Whilst self-harm may be used to attract attention to unmet needs, it is not about seeking attention per se. It is not a way of fitting in. These sort of prejudices and

misconceptions about self-harming behaviour may lead people to believe they 'know' who self-harms and why. However, each person is unique and will have found the practice of self-harm by their own route, and rely on it at times of stress due to the release and relief it offers them.

The reality is that:

- boys are affected by self-harm as well as girls but are less likely to tell anyone about it
- self-harm is not just attention seeking or a 'fashion fad', although the potential for the behaviour to escalate within some groups of young people (copycat behaviour) is a recognised factor
- it is not easy for a young person to stop self-harming behaviour
- young people from all walks of life can be affected by self-harm, regardless of their social or ethnic background

If a pupil is self-harming it can be very upsetting for the adults around them. People often think that self-harm is closely linked to suicide; however the vast majority of people who self-harm are not trying to kill themselves. It's their way of coping with difficult feelings and circumstances, and those who self-harm say their behaviour is about trying to stay alive and coping, rather than killing themselves.

It is not always clear from the apparent severity of the self-harm what the intention is. If you find that a pupil is self-harming, it gives you a real opportunity to help them deal with the underlying problems they are wrestling with. Therefore, it is important that each individual's intent when self-harming is explored. It is possible that some incidents of self-harm may go too far and accidentally end up as suicide, and it must be recognised that the emotional distress that leads to self-harming behaviours can also lead to suicidal thoughts and actions. However, in essence, the two are very different, with different intended outcomes. All incidents of self-harm must be taken seriously, the underlying issues explored and emotional support given in order to minimise any greater risk. Any mention of suicidal intent should be taken seriously and acted upon as a matter of urgency.

Remember that anyone can self-harm, including very young children. Self-harm can affect those from all family backgrounds, religions, cultures and demographic groups. Self-harm affects both males and females and boys are less likely to tell anyone about it. Those who self-harm often keep this to themselves for a long time and opening up to anyone else can be very difficult. It is not easy to stop self-harming once the pattern is established.

## **Recognising self-harming behaviours**

Young people can feel they have very little control over their circumstances and this leaves them with limited ways of expressing their frustrations and feelings. It is important to remember that self-harm often communicates something that the young person is unable to say through other means – understanding this element may assist in reducing or preventing recurrence. There are many reasons why a young person may harm themselves. These are best understood by considering the perspective of the young person, who may self-harm because

- it is a way of dealing with intense and negative feelings – it provides a sense of relief afterwards
- it is a way to communicate distress, especially for young people who lack other routes to express themselves and to have this distress validated

- it is a way to relieve feelings of hurt and anger towards others
- it can be a way to influence or control others or to try and elicit affection or confirm love from those close to them

There are some factors that contribute to the risk of self-harm. Some of the factors most commonly identified include

- attempted suicide or self-harm by a family member
- low self-esteem
- mental health problems, such as depression
- family conflict (periods in care, parental separation)
- on-going family relationship problems
- family circumstances (parental criminality; poverty; reconstituted families; more than 5 children in the family)
- past or present physical or sexual abuse
- family models of self-harm
- bullying (including cyber-bullying and homophobic bullying)
- feeling under intense pressure to succeed / achieve / be perfect

For some young people there not be any warning signs and many of those who self-harm will take great care to conceal their behaviour and any injuries. A change in behaviour, attitudes or attendance at school may be significant and it is important that these are followed up and the pupil is given opportunities to discuss any worries they may have. Some indicators that a young person may be self-harming or may be at risk of self-harming are

- risky behaviours (e.g. drug taking; alcohol or substance misuse; casual sexual activity)
- lack of self-esteem / feeling overly negative about themselves
- depression, tearfulness, low motivation
- being bullied or bullying others
- social withdrawal
- significant change in friendships
- regularly bandaged wrists / arms
- obvious burns, cuts or scratches (that do not appear accidental)
- a reluctance to participate in activities which involve changing clothes
- wearing long sleeves even in very hot weather
- bald patches (hair may have been pulled out)
- unusual eating habits

### **Primary age children**

Self-harm is less prevalent with the younger age groups than in adolescence – research shows that most young people who harm themselves are aged between 11 and 25; however self-harming behaviours can be seen as a response to stress in very young children and primary aged children of any age at any time. Common self-harming behaviours in primary children include biting, scratching or pinching themselves, hair-pulling and banging their bodies / heads. Eating disorders are also increasingly being seen within the younger age groups.

## Children with SEN / disabilities

Some children with complex needs may self-harm frequently and the profile of their behaviours will often be similar to that described above for the younger children.

Common types of self-harming behaviour shown by people with severe learning disabilities include: eye poking, self-biting, head banging and skin picking. People have an increased risk of displaying this type of behaviour if they have:

- severe or profound learning disabilities
- sensory impairments (e.g. blind, deaf)
- poor expressive language skills (e.g. no speech)
- poor mobility
- autism

## Behaviour support

Help with this type of behaviour is usually given by **psychologists** or **behavioural specialists**. They will try to work out what 'message' the person is trying to say and then teach them a better way to 'say' it. The reasoning behind this is that:

- children and young people with severe learning disabilities and self-harm have often learnt to 'use' their self-harm to communicate with others.
- they are not always doing this on purpose.
- they may have discovered by accident that if, for example, they hit their head, their mother or carer will come over and give them a drink or a cuddle.
- the 'messages' that self-harm often seems to convey include 'come here', 'go away', 'I want a drink' (or food or a toy), 'I'm bored' or 'I need help'.

It is hard to teach better ways to 'say' things, when someone has very few language skills. Professionals have tried teaching people to use new signs or picture cards to replace self-harm and show their teachers or carers what it is they want. This is often the treatment of choice.

## Medication and protective devices

There is not much research to show that medicine can help with reducing self-harming behaviour. People often try to use protective devices (e.g. helmets, arm splints or padding) if a person's self-harm is very severe. These devices are best used as **short term** measures, as people can become dependent on them and they can limit how much the person can move.

## What can you do to help?

Professionals can do a range of things when a person is showing self-harming behaviour:

- Consider **pain** as a cause
- Teach communication skills
- Think about basics such as; are they hungry, need a drink, need the toilet, bored, over stimulated

- Ensure that the person is safe, but try not to react to the self-harm as though it were a 'message'
- Seek advice from a psychologist or behavioural specialist
- Refer to school nursing service

## Responding to self-harming behaviours

Be alert to and recognise any warning signs that a pupil may be engaging in self-harming behaviours. Pupils may disclose to an adult in school and guidance is given below for responding to the initial disclosure. Any disclosure or other concern about self-harm should be passed to the designated lead. Some pupils may choose to confide in another pupil, rather than an adult, so it is crucial that pupils receive input in the curriculum so that they are confident in knowing what to do if they are worried about a friend.

If a pupil discloses self-harming to an adult in school, that adult should:

- listen actively to the pupil and remain calm and non-judgemental; try to validate the young person's feelings and understand their experience
- allow the pupil to have some time and space to talk if possible as an important part of beginning to manage self-harm is feeling heard, however this may need to be balanced with the need to gently ask some important questions
- establish whether the pupil may need medical attention and ensure this is accessed where needed
- establish whether the pupil's parent(s) or other family members are aware that they are self-harming
- ensure that, although confidentiality may be a key concern for some pupils, they understand that it is not possible for the adult to offer complete confidentiality and information will be appropriately shared
- encourage the pupil to seek alternative coping mechanisms
- inform the designated lead as soon as possible and seek advice if necessary about the actions which need to be taken

The designated lead should:

- ensure they have the details of the concern / disclosure clear
- follow up any immediate actions required
- consider what contact may need to be made with the parent / carer and how this will be handled. If the parent is not aware of the concerns / self-harming discuss this with the pupil and try and give them as much control as possible over the process
- consider whether the pupil is safe to leave site and if not the actions that are needed
- seek advice if needed
- refer on as appropriate (e.g. to school nurse / school counsellor, CAMHS if threshold met, children's social care if concerns re safety of pupil)
- maintain up-to-date records of pupils who are known to self-harm, known incidents and other concerns about the pupil
- complete risk assessments and monitor and assess each pupil at regular intervals

## Policy / protocol

All schools should have a policy / protocol for responding to self-harm. A model policy is attached.

Further guidance on monitoring pupils who self-harm is attached as Appendix 1 and a flow chart for responding to self-harm disclosures and concerns is at Appendix 2.

It is useful to have some information available for pupils, parents and staff which can be in a format which is displayed on noticeboards or as booklets or fact sheets which can be given to parents or pupils if self-harm is known or suspected.

## Useful contacts / websites

Wandsworth CAMHS	Access service	020 3513 6631
MASH/ Referral & Assessment service		020 8871 6622
<a href="http://www.lifesigns.org.uk">www.lifesigns.org.uk</a>		
<a href="http://www.selfharm.co.uk">www.selfharm.co.uk</a>		
<a href="http://www.childline.org.uk">www.childline.org.uk</a>	Helpline	0800 1111
<a href="http://www.youngminds.org.uk">www.youngminds.org.uk</a>	Helpline	0808 802 5544
<a href="http://www.samaritans.org.uk">www.samaritans.org.uk</a>	Helpline	08457 90 90 90



## Appendix 1: Ongoing support / monitoring for pupils who are self-harming

It is important to assess the young person at regular intervals as behaviours may change and evolve over time. It is good practice to keep a record of these discussions with pupils and their parents (where applicable).

It is likely that other professionals may be involved with these pupils, so a system of reviews may involve ongoing discussion with these professionals. In some cases these will be colleagues within the school setting (e.g. school counsellor or school nurse, learning mentors etc.). For others a more formal TAC will be needed where social workers, CAMHS or others are working with the pupil and their family.

Some key issues you may wish to consider are

### *having an understanding of the self-harming behaviours*

- when they are most likely to occur
- what form they take
- did the young person tell anyone?

### *degree of intent and risk of further self-harm*

- how long has the behaviour been going on?
- was the act impulsive or planned?
- what triggered recent incidents?
- what made them feel so bad?
- any pattern of incidents?
- are the behaviours escalating or reducing?

### *vulnerabilities / other issues that affect the pupil and contribute to self-harming behaviours*

- trauma – family violence; abuse; bullying
- life events – parental separation / divorce; bereavement; exam pressure
- cultural factors – identity; sexuality; language
- social support – friendship / relationship breakdown; isolation
- family – parental mental health / illness; complex needs; large families

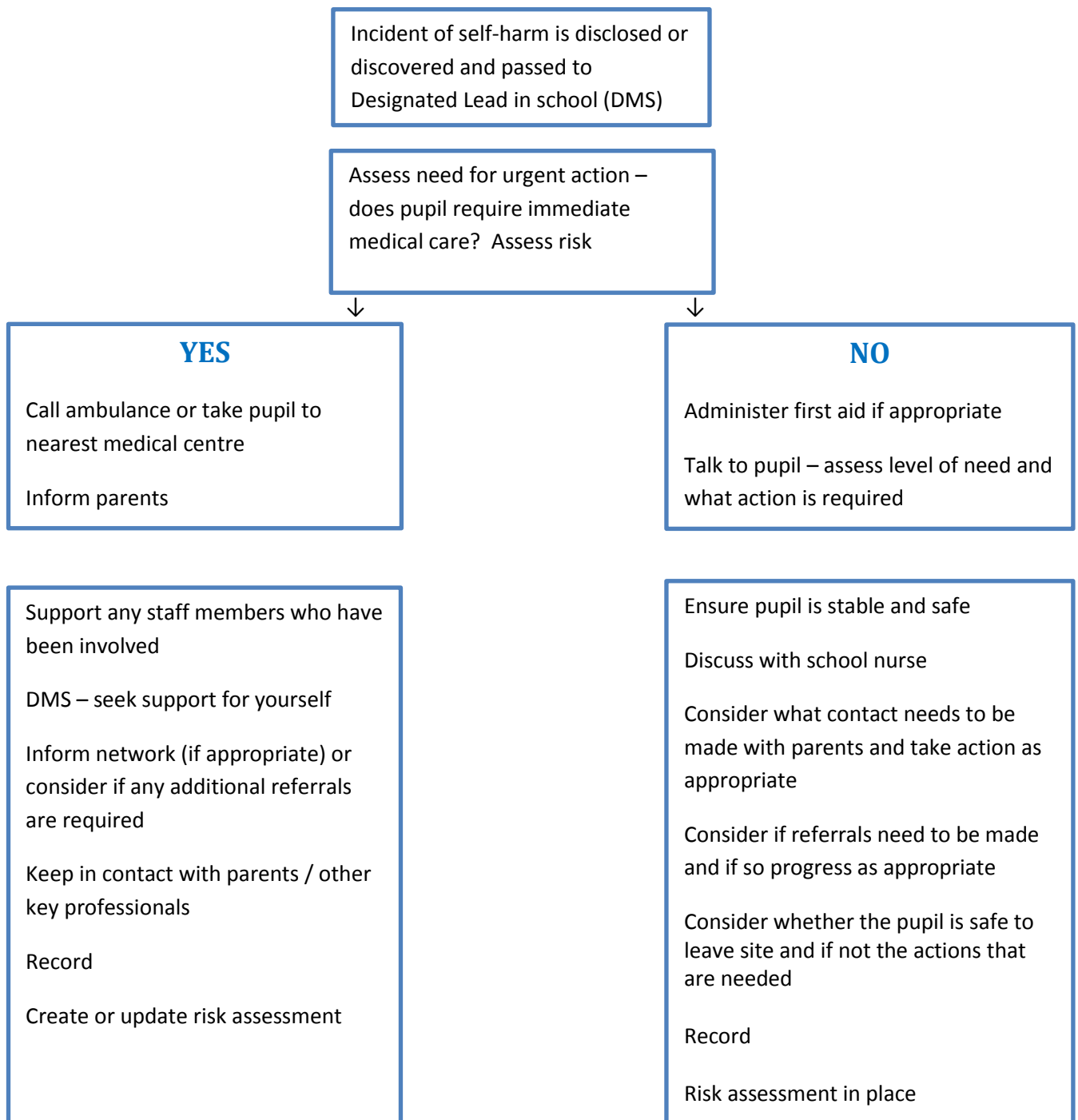
### *who knows*

- who is aware of the self-harming and who can the young person talk to?
- are parents fully aware and how supportive are they?
- what support is the young person getting?

### *who is involved*

- what referrals have been made?
- how is that going?
- is any other referral needed? If so to whom?
- Is there a risk assessment in place? If so, does it need to be reviewed? If not, is one required?

## Appendix 2: Responding to self-harm flow chart



**Listen, talk to and include the young person as much as possible throughout the process**