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Harrogate High School Self-Harming Guidance and Policy

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1. Introduction and Context

This guidance is aimed at keeping students safe and well in order for them to thrive and learn in line with the school's overall aim. Recent research indicates that up to one in five 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. School staff can play an important role in preventing self-harm, building resilience and supporting students, peers and parents of students currently engaging in self-harm.

2. Purpose

This document provides guidance for staff working in schools who may come into contact with students who self-harm.

3. Aims

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

4. This policy links to and complements our;

- Behaviour policy
- Drugs and alcohol policy
- Safeguarding policy
- Confidentiality policy
- Non-smoking policy
- Anti-bullying policy
- Health and Safety Policy

5. 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/hitting/punching/bruising the head or other parts of the body
- Scouring or scrubbing the body excessively
- Inappropriately using aerosols
- Episodes of alcohol/drug/substance misuse
- Eating disorders with or without excessive exercise

This is not an exhaustive list.

6. Risk Factors

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

Individual Factors:

- Depression / anxiety/mental health issues
- Poor communication skills
- Low self-esteem
- Poor problem-solving skills
- Hopelessness
- Impulsivity
- Drug or alcohol abuse
- Sexual identity

Family Factors

- Unreasonable expectations
- Neglect or physical, sexual or emotional abuse
- Lack of support at home
- Poor parental relationships and arguments
- Depression, self-harm or suicide in the family
- Loss, separation and bereavement
- Domestic violence
- Drug/alcohol misuse

Social Factors

- Difficulty in making relationships / loneliness
- Being bullied or rejected by peers
- Easy availability of drugs, medication or methods of self-harm
- School issues

7. Triggers

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

- Family relationship difficulties (the most common trigger)
- 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 students (contagion effect)
- Self-harm portrayed or reported in the media
- Difficult times of the year e.g. anniversaries
- Trouble in school or with police
- Feeling under pressure from families, school or peers to conform or achieve
- Exam pressure
- Times of change, e.g. parental separation/divorce
- Feeling out of control

8. Warning Signs

School staff may become aware of warning signs which indicate a student is experiencing difficulties that may lead to thoughts of self-harm. It is therefore of utmost importance that all instances of self-harm are taken seriously and that the underlying issues and emotional distress are thoroughly investigated and necessary emotional support given in order to minimise any greater risk. Any mention of suicidal intent should always be taken seriously and acted upon as a matter of urgency in a calm and containing manner. This case must then be referred immediately to the Designated Senior Person for Child Protection (DSP) who will act in accordance with the school Child Protection Policy and the NYSCB procedures. www.safeguardingchildren.co.uk

Possible warning signs include:

- Changes in eating / sleeping habits (e.g. student may appear overly tired if not sleeping well)
- Increased isolation from friends or family, becoming socially withdrawn
- Changes in activity and mood e.g. more aggressive or introverted than usual
- Lowering of academic achievement
- Talking or joking about self-harm or suicide
- Risk-taking behaviour (Substance misuse, unprotected sex)
- Expressing feelings of failure, uselessness or loss of hope
- Changes in clothing e.g. loss of pride in appearance and being reluctant to roll sleeves up in front of other people or wearing long sleeves even in very hot weather
- Increased levels of aggression or bullying
- Obvious cuts, scratches or burns which do not look accidental in nature
- Frequent alleged accidents which cause physical injury
- Regularly bandaged limbs
- Reluctance to take part in physical activity which requires a change of clothing
- Giving away possessions

9. 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 student and it becomes a way of coping.

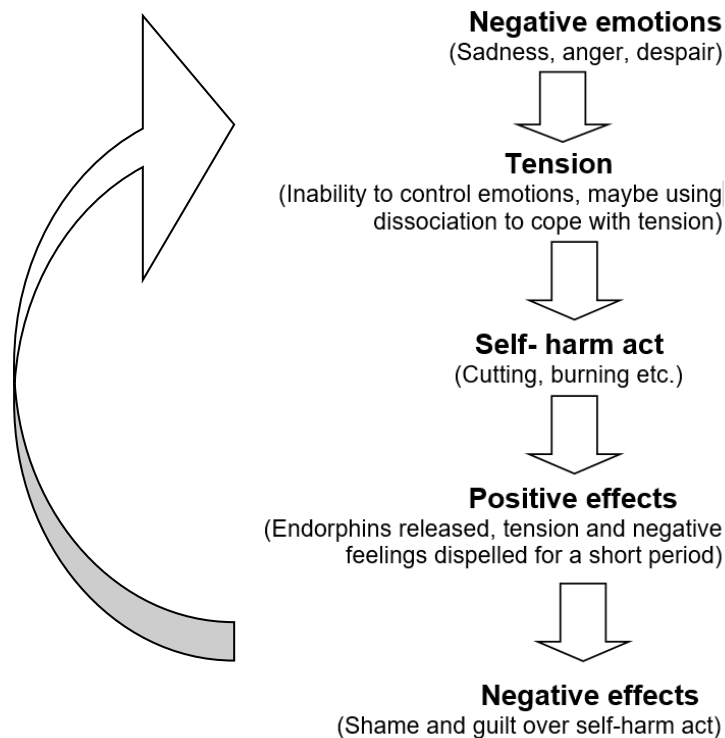
Examples of functions include:

- Reduction in tension (safety valve)
- Distraction from problems
- Form of escape
- Outlet for anger and rage

- Opportunity to feel
- Way of punishing self or others
- Way of taking control
- Care-eliciting behaviour
- A means of getting identity with a peer group
- Non-verbal communication (e.g. of abusive situation)
- Suicidal act
- Communication with others that something bad is happening

10. The cycle of self-harm

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



11. Residential settings

There are likely to be more opportunities for a young person to self-harm when in residential care. As the environment might make them feel more vulnerable especially if it is a new setting. Some additional triggers such as;

- loneliness
- separation from parents/carers/friends/familiar routines and places
- possible issues with bullying
- isolation from peer group
- being in an unfamiliar environment

could all be relevant factors which could increase stress and anxiety. It is important to ensure that a risk assessment is in place (see appendix 3), Residential staff will need specific training around self-harm so they can identify possible signs and know how to respond. This would in turn link into the child protection and missing procedures and could also link to the drugs and alcohol policies. Good liaison with mental health professionals and services is critical and lines of communication need to be clearly established. Strategies would need to focus on helping the young person build resilience such as providing a secure attachment figure, maintaining education provision, promoting contact with family including siblings, promoting talents and interests, promoting friendships and helping the young person manage their emotions and take responsibility (session plans to support work on resilience are available in the health and wellbeing room on Fronter). Positive role models who can show empathy and warmth and be non-judgemental as well as providing structure and support will be protective factors.

12. Roles and responsibilities

The Governing Body

The governing body has the legal duty to safeguard and promote the welfare of their students. There may be a nominated governor for safeguarding who will have an oversight for provision for students who self-harm.

The Academy Head

The Academy Head has responsibility for establishing effective safeguarding procedures with regard to self-harm, thereby ensuring the duty of care of students and staff. This could be supported by the implementation of a self-harm policy and using the self-harm guidelines checklist for schools (see appendix 1).

Staff

Students may choose to confide in any member of school staff if they are concerned about their own welfare, or that of a peer. Students may present with injuries to first aid or reception staff in the first instance and it is important that these frontline staff are aware that an injury may be self-inflicted, and that they pass on any concerns. School staff may experience a range of feelings in response to self-harm in a student such as anger, sadness, shock, disbelief, guilt, helplessness, disgust and rejection. However, in order to offer the best possible help to students it is important to try and maintain a supportive and open attitude – a student who has chosen to discuss their concerns with a member of school staff is showing a considerable amount of courage and trust. The member of staff will:

- Endeavour to enable students to feel in control by asking what they would like to happen and what help they feel they need
- Reassure them that they can get the help they need
- Listen actively (See appendix 5 'How do I start a conversation with a student')
- Be non-judgemental

- Avoid asking a student to display injuries or scars or describe what they do
- Avoid asking a student to stop self-harming as this may be the only coping strategy they have
- Be re-assuring and support them to seek help

Staff must not work outside their remit.

13. Confidentiality

Students are entitled to expect personal information to remain confidential. This means that the information should not be disclosed to anyone including the child's parents unless, having considered all the circumstances, it is considered necessary for one of the following reasons.

- In the interest of health and safety of the child
- For the prevention or detection of crime

Even then care must be taken to limit disclosure to only those who 'need to know'. Students should be made aware that confidentiality will be maintained but that it cannot always be guaranteed. If you consider that a young person is at risk of harming him/her-self 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 the young person can make an informed decision as to how much information they wish to divulge.

Any member of staff who is aware of a student engaging in or suspected to be at risk of engaging in self-harm should consult the Designated Senior Person for Child Protection. Once informed, the DSP will decide on the appropriate course of action. This may include:

- Assess the situation, administer first aid and/or call for an ambulance for emergency assistance
- Contacting parents / carers
- Arranging professional assistance e.g. doctor, nurse, social services
- Arranging an appointment with a counsellor
- Removing the student from lessons immediately if remaining in class is likely to cause further distress to themselves or their peers
- Remaining with the student at all times if they are acutely distressed

14. Risk assessment.

It is important to ensure that there is a risk assessment in place which relates to the self-harming behaviour, possible triggers and strategies to be used to minimise risk. The example risk assessment in appendix 3 is for guidance only and it needs to be adapted according to individual need.

15. Liaison with Child and Adolescent Mental Health Service (CAMHS).

Schools can contact their local CAMHS service prior to any referral being made. The Designated Senior Person for Child Protection will be the most appropriate person to do this consultation. If a referral is requested or

recommended by CAMHS then the school will follow their normal procedures. Liaison with CAMHS colleagues will continue via the Designated Senior Person for Child Protection.

CAMHS Support for Self Harm

Pathways for treatment and support vary across areas within North Yorkshire. CAMHS are available for advice, as well as Compass Reach and Compass Buzz.

Dragon Parade, Harrogate 01423 558200

CAMHS colleagues usually communicate through the Achievement Team at Harrogate High School.

16. Meetings

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

- Dates and times
- An action/health plan
- Concerns raised
- Details of anyone else who has been informed
- Risk assessment (See appendix 3)

This information should be stored in the student's confidential child protection/safeguarding file.

- **Issues regarding contagion, multiple or copycat behaviours**

When a young person is self harming it is important to be vigilant in case close contacts of this individual are also self-harming. Occasionally schools or residential settings may discover that a number of students 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 in school staff, parents and carers, as well as in other students. 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 students involved. In general it is not advisable to offer regular group support for students who self-harm. Where there appears to be linked behaviour or a local pattern emerging, a multi-agency strategy meeting should be convened.

It is important to encourage students to let staff 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 a

member of staff either individually or in a small group. Any member of staff wishing for further advice on this should consult one of the designated teachers for safeguarding children. When a young person is self-harming it is important to be vigilant in case close contacts with the individual are also self-harming.

- **Managing PE/Sport Lessons**

PE/Sport colleagues need to be aware that students who self-harm should be actively encouraged to participate and adjustments to normal clothing guidelines may need to apply such as a need for a long sleeve top and alternative changing areas.

- **Training for Staff**

Schools are recommended to access training regularly on self-harm. Staff giving support to students who self-harm may experience all sorts of reactions to this behaviour in students (e.g. anger, helplessness, rejection); it is helpful for staff to have an opportunity to talk this through with work colleagues or senior management. Staff taking this role should take the opportunity to attend training days on self-harm or obtain relevant literature. Liaison with the local Child and Adolescent Mental Health Service (CAMHS) may be helpful as they may be able to lead the training. The training and learning unit at North Yorkshire County Council may be able to signpost to training on self-harm.

**Appendix 1: Self-Harm Guidelines - Checklist for schools:
Supporting the development of effective practice**

The school has a policy or protocol approved by the governing body concerning self-harming	Yes
Ensure the self-harm policy links to other relevant policies e.g. anti-bullying, drugs and alcohol and safeguarding	Yes
ALL new members of staff receive an induction on self-harm procedures and confidentiality	Yes
ALL members of staff (teaching and non-teaching) receive regular training on child protection procedures	Yes
The school has clear channels of communication that apply to this issue	Yes
All members of staff know who to go to if they know a young person is self-harming	Yes
If student is receiving support, a regular minuted review meeting is held to document actions, ensuring progress and impact.	Yes
A risk assessment is completed involving student, parent(s) and all other involved people if appropriate	Yes
Staff are supported throughout all processes concerned with this issue	Yes
Staff know how to access support for themselves and students	Yes
Students know who to go to for help	Yes
The school has a culture that encourages students to talk, adults to listen and believe	Yes
Students are consulted on any curriculum provision (e.g. in PSHE) and pastoral support provided	Yes
Planned Personal, Social, Health Education (PSHE) provision is in place that incorporates emotional health and well-being including lessons on self-harm	Yes

Appendix 2

Self-Harm Policy Harrogate High School

1. Introduction and Context

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. School staff can play an important role in preventing self-harm, building resilience and supporting students, peers and parents of students currently engaging in self-harm.

2. Purpose

This document is a policy for staff working in this school who may come into contact with students who self-harm.

3. Aims

- To adhere to the NYCC Self-Harm Guidance protocol
- To develop outstanding practice within this school to help and support students who self-harm

4. Definition of Self-Harm

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

5. Roles and responsibilities

The Governing Body

The governing body has the legal duty to safeguard and promote the welfare of their students. There may be a nominated governor who has responsibility for safeguarding who will have an oversight for provision for students who self-harm.

The Academy Head

The Academy Head has responsibility for establishing effective safeguarding procedures with regard to self-harm, thereby ensuring the duty of care of students and staff.

Staff

Students may choose to confide in any member of school staff if they are concerned about their own welfare, or that of a peer. Referral procedures are:

- Staff need to listen and state that confidentiality cannot be promised due to duty of care
- Staff must not ask leading questions and not give any impression of judgement
- Staff need to contact one of the four DCP teachers; CCL/RIW/SWI/LEW
- All notes and conversations to be noted and contained in a confidential file

6. Training

Schools are recommended to access training regularly on self-harm. Staff giving support to students who self-harm may experience all sorts of reactions to this behaviour in students (e.g. anger, helplessness, rejection); it is helpful for staff to have an opportunity to talk this through with work colleagues or senior management. Staff taking this role should take the opportunity to attend training days on self-harm or obtain relevant literature. Liaison with the local Child and Adolescent Mental Health Service may be helpful as they may be able to lead the training. Induction procedures for all staff, outlined below, will include training on Self-Harm, Child Protection procedures and setting boundaries around Confidentiality.

All staff recruited to this school have an induction programme which includes guidance as to how to manage any student disclosing information about child protection and self-harm. All staff receive annual training on child protection systems. All staff are advised as to confidentiality boundaries including passing information to parents and carers.

7. Monitoring and Evaluation

The designated governor, Mrs Bev Ashby who has responsibility for safeguarding will monitor the systems yearly and following any incident of self-harm.

Policy reviewed on: 29 June 2020

By: Helen Ashton-Braithwaite, Assistant Headteacher



CYPS RISK ASSESSMENT FOR MANAGING HIGH-LEVEL CHALLENGING BEHAVIOURS (SELF-HARMING)

**THIS EXAMPLE IS FOR GUIDANCE ONLY AND IS TO BE ADAPTED ACCORDING TO INDIVIDUAL
NEED**

Name of child/young person: Date of Birth Date of Assessment: Date of Review:

Information provided by: Risk Assessor(s):

Identification of Risk	
<p>Clear and detailed description of high-level challenging behaviour</p>	<p>_____ has presented with a range of complex behavioural and emotional needs over the last two years. Some of _____ previous behaviours included care needing, such as misbehaving in class, seeking out different members of staff to disclose issues to, truanting from lessons and also absconding from school. _____ also has low self-esteem and most recently her behaviours have included severe anxiety and self-harm. _____ has scratched words into her forearms, as well as cutting herself. She has had blades and other 'sharp' items (plastic pens, paper clips) removed from her in school by members of staff. _____ has also freely given such items to other vulnerable students.</p> <p>_____’s safety is also of serious concern due to risk taking behaviour and emotional vulnerability. At present, _____ has found it very difficult to engage in lessons and even enter the classroom and as such her learning is being severely disrupted. _____ has on some occasions, not come to her designated safe place in school, but has chosen to go with other vulnerable students either off site or in other areas of the school grounds. _____ has been verbally abusive towards staff who have questioned her about her behaviour or insisted she abides by the rules of the school. _____ often refuses to follow instructions given by members of staff. She has expressed suicidal thoughts and developed detailed plans to run away from home. _____ often doesn't read danger or risk in situations, most notably seen by peers, staff and her parents.</p> <p>She has recently been diagnosed with psychosis, and is now medicated. She has taken overdoses at home and run away from home. Most recently, _____ has been an inpatient at Limetrees, CAMHS in York.</p>
<p>Who is affected by the behaviour (injured or harmed)?</p>	<p>_____, other vulnerable students within school, supporting staff, other students in teaching groups, parents and siblings</p>
<p>In which situations does the behaviour occur/not occur?</p>	<p>At anytime during the school day. The cross over during lessons is the most vulnerable time. Unstructured times of the day also prove to be times _____ struggles to manage her behaviour and mood. (break and lunch times) When experiencing low mood _____ is more likely to abscond, self-harm or fail to follow school requests/instruction. Triggers for low mood could be arguments with family, feelings of worry about being in school/lessons.</p>

What kinds of injuries or harm are likely to occur?	Cutting on arms, taking tablets.
What relevant records, reports or other documents are already in place? (e.g. IEP, PSP, lesson planning, General Risk Assessment, Health Care Plan, Statement of SEN)	<ul style="list-style-type: none"> • Support on a daily basis from the pastoral team • _____ has a pass to enable her to leave a lesson if she becomes anxious. • A reduced timetable – in lessons _____ finds particularly difficult, the work is given for her to complete in a quiet working environment with support from a member of staff who she trusts • Teaching Assistant support in lessons. • Inclusion Passport. • Health Care Plan with reference to psychosis medication. • Professionals meeting records with actions from each review meeting.

Risk Rating Matrix

<p>Severity [S]</p> <p>5. Death/Disability</p> <p>4. Major Injury</p> <p>3. >3 day injury</p> <p>2. Minor Injury</p> <p>1. Property Damage</p> <p>Likelihood [L]</p> <p>5. Very Likely</p> <p>4. Likely</p> <p>3. Possible</p> <p>2. Unlikely</p> <p>1. Very unlikely</p>	<p>Severitv (Emotional) N.B could be on the victim or the person who is subject to the risk assessment</p> <p>5. Death/ suicide, severe depression, long term mental health issues</p> <p>4. Long term/ repeated deliberate risk-taking. Emotional impact severe enough to trigger referral to another service e.g. CAMHS/GP/EP and/or significant medical intervention e.g. attempted suicide/ anorexia/ school refusal</p> <p>3. Emotional response that results in deteriorating/ erratic attendance, withdrawing/ not engaging, anxiety, fear, worry; impacts on behaviour of others (e.g. negativity, irritability, negative emotions, lack of concentration, lack of motivation)</p> <p>2. Significant distress or upset that can be addressed or resolved within a few days i.e. has no lasting negative impact</p> <p>1. Upset/ distress that subsides relatively quickly and with minimal additional support i.e. within a day or so</p>	<table border="1" style="width: 100%; text-align: center;"> <tr> <td colspan="6">[S]</td> </tr> <tr> <td>1</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>2</td> <td>2</td> <td>4</td> <td>6</td> <td>8</td> <td>10</td> </tr> <tr> <td>3</td> <td>3</td> <td>6</td> <td>9</td> <td>12</td> <td>15</td> </tr> <tr> <td>4</td> <td>4</td> <td>8</td> <td>12</td> <td>16</td> <td>20</td> </tr> <tr> <td>5</td> <td>5</td> <td>10</td> <td>15</td> <td>20</td> <td>25</td> </tr> <tr> <td>X</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td></td> <td colspan="5">[L]</td> </tr> </table> <p>Score</p> <p>1 – 8 = LOW RISK</p> <p>9 – 15 = MEDIUM RISK</p> <p>16 – 25 = HIGH RISK</p>	[S]						1	1	2	3	4	5	2	2	4	6	8	10	3	3	6	9	12	15	4	4	8	12	16	20	5	5	10	15	20	25	X	1	2	3	4	5		[L]				
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High-Level Challenging Behaviour	Degree of Risk										Risk Rating		
	Severity x Likelihood										Score	HML	
	1	2	3	4	5	x	1	2	3	4			5
Self Harm						X							
Extreme risk taking – including suicidal thoughts / attempts at home						X							
Absconding						X							

Behaviour Management Plan

Interventions	Measures in place	Further measures (if required)	New Risk Level	
			S x L	H/M/L
Proactive interventions to prevent risk	<ul style="list-style-type: none"> Relevant pastoral staff are aware of _____'s difficulties and _____ knows who is available throughout the school day if she needs them. (8:30 – 3:15) _____ is able to access and work in a designated supervised, safe area which means she feels safe when she is anxious. This also minimises the risk of _____ becoming more anxious and absconding. _____ receives a large amount of support on a daily basis from the pastoral team. Teachers/Support Staff to alert Duty Manager if _____ is absent from lesson, and alert parents. 	<ul style="list-style-type: none"> To put a contract of conduct put into place so _____ is very clear on expectations required Awareness raised with staff as to other areas of school where implements can be hidden Behaviour agreement 	=	

	<ul style="list-style-type: none"> • Extra vigilance from staff of any absence, regular or non-attendance in their class from ____. • Relevant and up to date information passed to staff with details of support arrangements. • Staff asked not to allow ____ to leave lessons unless accompanied. • School staff to count in and count out blades used in lessons. • Bag/coat check. • Positive Behaviour Report card to support inclusion. • Check in procedure for ____ at key points during school to monitor support and ____'s emotional state and mood. • Meetings with parents and CAMHS. 		=	
<p>Reactive interventions to respond to adverse outcomes</p>	<ul style="list-style-type: none"> • As above regarding incident. • Emotional Support provided for ____ by the relevant members of staff in the pastoral team. • Use of Fixed Term Exclusion for bringing in blades or tablets and truancy. • Parents, older siblings and/or police informed re. absconding. 			

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Communication of Risk Assessment and Behaviour Management Plan

Shared with	Communication Method	Date actioned and by whom
Student Parents CAMHS Pastoral Team	Professionals meeting	
Headteacher	E-mail	

Review of Risk Assessment and Behaviour Management Plan

Any significant changes since last assessment? (Consideration needs to be given to the impact of measures on behaviour in the review)	
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**Notes: As a result of the review an up-dated risk assessment should be completed and recorded.
 Parents/carers should always be actively involved in the planning/monitoring and reviewing process.
 CYP should always be actively involved. Their level of involvement should be judged by key staff, according to the CYP's age and social/emotional maturity.**

Appendix 4: Including Self-Harm within a taught Personal Social Health Economic education (PSHEe) programme

Effective provision for health and wellbeing in schools underpins successful learning. Schools have a statutory duty to promote students' wellbeing. Good schools actively promote health and wellbeing because they recognise that healthy children and young people with high self-esteem learn and behave better at school. Good schools understand well the connections between students' physical and mental health, their safety and their educational achievements. Key to the successful promotion of health and well-being is a whole school approach underpinned by the support and commitment of a school's leadership and management. One aspect of a high quality curriculum that contributes to health and wellbeing is the PSHEe programme. PSHEe is a progressive planned programme of learning opportunities and experiences that help children and young people grow and develop as individuals and as members of families and of social and economic communities. The most effective PSHEe education employs a wide range of active learning and assessment approaches and provides frequent opportunities for children and young people to reflect on their own and other people's experiences so they can use and apply their learning in their own lives.

Effective teaching of education on self-harm within a PSHEe curriculum:

- Opportunities to learn about self-harm as part of a planned programme about emotional health and well-being issues and managing stress, including where to access further information and support.
- Opportunities to promote their own emotional health and build up their resilience to cope with difficult circumstances.
- Opportunities to discuss, explore and challenge the role of the media around body image
- Opportunities to discuss the relationship between body image and self-esteem.
- Clear ground rules/working agreement should be established to provide a framework for lessons and discussions. This is particularly important when discussing sensitive issues. The learning environment needs to encourage students to express views and opinions, whilst respecting the views of others.
- Essential that a needs analysis is undertaken. North Yorkshire Every Child Matters Health Related Behaviour Questionnaire - provides a rich source of evidence about the behaviours, perceptions and experiences of students in your school, the local area and the county as a whole. This enables you to identify aspects of PSHEe that may be particularly pertinent to your students
- Teaching and learning methods should ensure that students take an active role in the lesson and ultimately take responsibility for their own learning. Plenaries and lesson summaries allow students to reflect on and assimilate what they have learned. Activities should provide an appropriate level of challenge and allow students to develop their knowledge, skills, attitudes and understanding.

Further support, guidance and resources:

- North Yorkshire Curriculum Entitlement Framework for PSHEe and Citizenship, a range of other PSHEe supporting documents and the resources on 'Teaching Resilience' can be accessed in www.fronter.com/northyorks in the health and wellbeing room
- The non statutory National Curriculum programmes of study for PSHEe can be accessed at: www.education.gov.uk
- Samaritans can provide support and information. They have developed a range of lesson plans for 14-16 year olds on emotional health and wellbeing (the DEAL programme) including one on self-harm which can be accessed from www.samaritans.org
- A clip that examines a young girl's experience of self-harming. <http://www.bbc.co.uk/learningzone/clips/coping-with-self-harm/11900.html>
- Childline can provide support and information. The website also has a range of resources to support a lesson including a case study and video clips. www.childline.org.uk/selfharm
- Young Minds can provide support and information. The website also has a range of case studies www.youngminds.org.uk/selfinjury
- Information about self-harm and resources (including video clips on people talking about self-harm) <http://www.thesite.org/healthandwellbeing/mentalhealth/selfharm>
- National self-harm network www.nshn.co.uk
- <http://www.tes.co.uk/teaching-resource/Talking-About-Self-harm-6175238/> A video clip of two young men who have self-harmed.
- www.b-eat.co.uk Beating eating disorders website provides helplines, on-line support and network of UK wide self help groups to adults and young people
- 'Getting the lowdown' DVD clips and activities relating to self-harm. A copy is available from your school's Educational Psychologist.

All websites were accessible at time of going to print. It is recommended that before showing any of the content to young people the person leading the session views the content to ensure it is appropriate for the needs of the learners.

Appendix 5: How do I start a conversation with a young person about self-harm?

Self-harming tends to be secretive and often associated with guilt and embarrassment. This can present challenges when trying to approach the subject of self-harm with a young person.

- It is important that the adult checks their own feeling and thoughts before asking any questions. If the feelings and thoughts are negative in anyway, they will be communicated to them non-verbally and this may hinder the helping process.
- It is important to young people to have someone to talk to who listens properly and does not judge.
- Resist the temptation to tell them not to do it again, or promise you that they won't do it.
- Take a non-judgemental attitude towards the young person. Try to reassure the person that you understand that the self-harm is helping them to cope at the moment and you want to help.

When adults are concerned that a young person is self-harming they often worry about saying the wrong thing and making the issue worse. The following approaches may help alleviate some of this concern:

- See the person, not the issue, talk in a genuine way.
- I've noticed that you seem bothered/ worried/preoccupied /troubled. Is there a problem?
- I've noticed 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-harm is one of those ways. Those who do this need confidential support from someone who understands issues in relation to self-harm. Unfortunately I don't have the skills to help, but I would like to help you by asking (insert name of person e.g. counsellor) to see you. Would you agree to this?

Appendix 6 - Information sheet for young people on self-harm

What is self-harm?

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

How many young people self-harm?

A recent large study in the UK found that about 10% (i.e. 10 people out of every 100) of young people had self-harmed in the last 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:

- Loss, separation and bereavement
- Feeling isolated or lonely
- 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
- Sexual identify issues
- Alcohol and drug issues
- Issues within the family home
- Arguments with family or friends
- Break-up of a relationship
- Failing (or thinking you are going to fail) exams
- Being bullied

Often these things build up until the young person feels they 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 showing other people that something is wrong in their lives.

How can you cope with self-harm?

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

1. Using support networks

It is helpful to identify the support people in a young person's life and how to get in touch with them. Examples are friends, family, school teacher, counsellor. Knowing how to access a crisis line is also important.

2. Distraction activities

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 intensely can be helpful.

Examples of distraction methods:

- Contacting a friend or family member

- 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
- Looking after an animal
- Watching TV
- Listening to music

3. Coping with distress using self soothing

- Using stress management techniques such as relaxation
- Having a bubble bath
- Stroking a cat or other animal
- Going to the park and looking at the things around you (birds, flowers, trees)
- Listening to the sounds as you walk
- Listening to soothing music

4. Discharging unpleasant emotions in other ways

Sometimes it can be helpful to find other ways of discharging emotion which is less harmful than self-harm:

- Clenching ice cubes in the hand until they melt – this can relieve some tension
- Writing, drawing and talking about feelings
- Writing a letter expressing feelings, which need not be sent
- Going into a field and screaming
- Hitting a pillow /soft object
- Listening to loud music
- Physical exercise can be a good way to discharge emotion

In the longer term a young person may need to develop ways of understanding and dealing with the underlying emotions and beliefs. Regular counselling/therapy may be helpful. Support from family members or carers is likely to be an important 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 them to develop friendships and feel better about themselves. Learning stress management techniques, ways to keep safe and how to relax may also be useful.

- **At home** - parents, 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/she can make a referral for counselling
- **Further Information:**

Young Minds: www.youngminds.org.uk

The Samaritans Tel: 08457 90 90 90 or email jo@samaritans.org.uk

MIND Infoline. Tel: 0300 123 3393 or www.mind.org.uk

National Self Harm Network: www.nshn.co.uk

Childline Tel: 0800 1111 or childline.org.uk/selfharm

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/her.
- Encourage your friend to get help. You can go with them or tell someone they want to know.
- Get information from telephone help lines, website, 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/not done enough.
- Your friend may get angry with you or say 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 find an adult to talk to, who can support you. You may not always be able to be there for your friend and that's OK.

Appendix 7 Fact sheet for parents/carers

Fact sheet for parents /carers on self-harm

It can be difficult to find out that someone you care about is harming him or herself. As a parent / carer you may feel angry, shocked, guilty and upset. These reactions are normal, but what the person you care about really needs, is support from you. They need you to stay calm and to listen to them. The reason someone self-harms is to help them cope with very difficult feelings that build up and which they cannot express. They need 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 etc. where the intent is to deliberately cause harm to self.

How common is self-harm?

Over the last forty years there has been a large increase in the number of young people who harm themselves. A recent large community study found that in young people, approximately 10% of young people had self-harmed in the previous year.

Why do young people harm themselves?

All sorts of upsetting events can trigger self-harm. Examples are: arguments with family, break up of a relationship, failure in exams, bullying at school, a desire to escape, to reduce tension, to express hostility, to make someone feel guilty or to increase caring from others. Sometimes several stresses occur over a short period of time and one more incident can be 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. Self-harming behaviour may express a strong sense of despair and needs to be taken seriously. It is not just attention seeking/care needing behaviour.

What can you do to help?

Try to:

- Keep an open mind
- Make the time to listen
- Help them find different ways of coping
- Keep the home environment safe
- Go with them 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: www.youngminds.org.uk or the Parents helpline 0808 802 5544
 - The Samaritans Tel: 08457 90 90 90 or email jo@samaritans.org.uk

- MIND Infoline. Tel: 0300 123 3393 or www.mind.org.uk
- National Self Harm Network: www.nshn.co.uk
- Childline Tel: 0800 1111 or childline.org.uk/selfharm
- School Health Nurse/ Health Visitor
- Prevention Service Manager – Rachel Copping. Tel 01609 798560