

## Pushforward Self-Harm Policy

Policy	Reviewed	By whom?
Pushforward Self Harm Policy	22/09/2025	Emma Pollard Leon Edwards

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### 1. Overview

This policy aims to encourage staff to talk with young people about self-harm when appropriate, in particular, when they are aware that they are struggling with their lives. Asking about self-harm does not increase the behaviour, and we want staff to be confident in having these conversations.

We know that young people remain concerned with the attitude of front-line professionals who lack understanding of self-harm:

‘Unacceptable attitudes and comments of professionals have a negative effect on the ways in which young people access help and support. It is crucial that front-line professionals involved with a young person who self-harms are open minded and compassionate’ (Cole-King et al, 2013).

Young people benefit from a non-judgemental approach from a person who is able to listen to them, foster a good relationship with them and encourage them to establish positive relationships with services (Royal College of Psychiatrists).

This policy must be read in conjunction with the Safeguarding Policy.

The term self-harm used in this policy refers to any act of self-poisoning or self-injury carried out by an individual, irrespective of motivation. This can include consumption of recreational, prescription drugs or alcohol used to numb or relieve stress of a situation. Self-

harm is a sign that a young person is experiencing significant emotional distress (see NICE guidelines).

Self-harm may include overdose (self-poisoning), hitting, cutting, burning, pulling hair, picking skin, head banging, self-strangulation. This policy does not cover other issues such as overeating/ food restriction or risk-taking behaviours.

Self-harm is more common than many people realise; around 10% of young people self-harm at some point, and this figure is likely to be an underestimate.

Self-harm is much less common in primary school age children. Behaviours include shallow cuts, hair pulling, head banging and deliberate self-grazing or scratching. Self-harm in younger children is often linked to family difficulties, overwhelm or Special Educational Needs.

Children and young people with special educational needs may also engage in self-harm. It is estimated that about half of autistic people engage in self-injurious behaviour at some point in their life, and it can affect people of all ages.

(<https://www.autism.org.uk/about/behaviour/challenging-behaviour/self-injury.aspx>).

Self-harm is often a way to deal with unbearable feelings, including unbearable anxiety. There is often not an intention to die, although sometimes mistakes can happen.

#### **Common reasons for self-harm:**

- To stop emotional pain (numbing opioids relieve over-arousal)
- To relieve tension
- To feel in control
- To punish themselves or others
- To feel more connected and alive, if otherwise they feel detached
- Unbearable hyperarousal
- Feeling, lonely, empty or depressed
- Relationship pain (e.g. break up)
- As a way of communicating distress
- As an opportunity for nurture and comfort
- A strategy to cope

Because self-harm can reduce tension and help control mood, it can be self-reinforcing and habit forming.

Self-Harm Research has shown that the over-arching reason for self-harm is an attempt at emotional regulation. This is because self-harm can lead to reduced activity in the amygdala.

*Inga Niedtfeld, Lars Schulze, Peter Kirsch, Sabine C. Herpertz, Martin Bohus, Christian Schmahl. Affect Regulation and Pain in Borderline Personality Disorder: A Possible Link to the Understanding of Self-Injury. Biological Psychiatry, 2010; 68 (4): 10*

## **2. Staff need to understand that it is difficult to break the cycle of self-harm:**

Shame and grief can lead to emotional suffering, leading potentially to emotional overload if the child, young person or adult does not have the tools or support to move through that emotional suffering. This can lead to panic, self-harm and then temporary relief.

However, when the shame and grief returns, the cycle starts again.

### **Some factors that might make someone more at risk are:**

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

(Extract from Truth about self-harm, Mental Health Foundation)

## **3. Self-harm behaviours in children and young people**

Young people often hide their self-harm, but there are a number of signs that they may be self-harming. These include unexplained cuts, burns or bruises; keeping themselves covered; avoiding swimming or changing clothes around others.

Signs of self-harm may be similar to signs of physical or other abuse as it is hard to know who inflicted the injury. It is important that staff are curious when asking children about an injury, and as self-harm is a potential cause for concern. Staff need to record and report any observations or conversations they have with pupils about injuries that could be self-harm or abuse, in accordance with the Safeguarding Policy.

Other non-specific signs of self-harm include:

- Becoming withdrawn or isolated
- Low mood
- Lack of interest
- Drop in academic attainment
- Sudden changes in behaviour, such as becoming irritable, angry or aggressive; excessive self-blame for problems, expressing feelings of failure, uselessness or hopelessness.'

(from: Young people who self-harm, a guide for school staff)

Self-harm behaviour is usually aimed at coping with life rather than ending it, however, there is an increased risk of suicide if someone already self-harms.

‘It is important that as professionals we must not ask a young person to stop harming. There are many reasons for this.

Firstly due to the addictive nature of self-harm, unless that method of coping is replaced with another in its place you are expecting that individual to give up their coping strategy. Without means to release/process the difficult emotion that they are struggling with, levels of distress will increase and some will move towards suicidal thoughts as they struggle to cope. Secondly, due to the nature of shame and guilt that an individual feels around their self-harm, they will not want to let you down and often unrealistically telling them to stop can drive the issue underground again as they go back to hiding the behaviour.’ (Laura Haddow, Youthscape)

## **4. Good practice in supporting children and young people who self-harm**

### **Responding to a self-harm incident**

#### **Self-harm incidents in Pushforward**

Occasionally, the first staff may know about a young person’s self-harm is if they self-harm in setting. If this happens, to protect the child, first and foremost, staff need to assess the wound or injury. Staff are encouraged to follow first aid guidelines if necessary and seek medical attention if necessary.

Acknowledge their distress – both their physical pain and their emotional pain which may have led to the self-harm. Young people will want staff acceptance and support. Their behaviour should not be described as attention seeking, and non-judgemental language is essential.

Staff will need to advise the pupil that they will need to discuss what happened with the designated safeguarding lead in line with the settings safeguarding policy.

Staff would usually request that the young person hand in any objects that they have been using to self-harm with, and these can be picked up by their parent/carer or handed back to the parent/carer at the end of the session.

If staff have immediate concerns about the effect of the self-harm injury including an overdose, they must call 999 straight away. Ask for an ambulance, or go straight to the nearest hospital’s Emergency Department.

If the situation is less serious, the student may need to see a First Aider, visit the GP or NHS walk in centre, or call NHS Direct (24 hours a day) on 111 to identify how serious the condition is, and to speak to a trained professional who will advise on what action to take.

### **Medical attention needs to be sought if:**

- The blood is pumping – continue to apply pressure and call 999.
- The bleeding does not stop after 10 minutes of applying pressure.
- The cut is very large or very deep, or may require stitches
- There is a chance that nerves or tendons have been affected.
- The child/ young person has gone into shock
- The injury is on a joint – this can cause long-term movement difficulties.
- Something is embedded (stuck) in the wound.
- The cut involves the mouth, face, hand or genitals.
- The cut shows signs of infection (it is red, sore, or painful)

Staff are requested to become familiar with the Royal College of Psychiatry paper on [Self-harm Limiting the Damage](#), which can also be provided to parents/carers.

Staff who are working with young people who self-harm or have witnessed self-harm in a setting may need extra supervision through our Trauma Informed Schools Practitioner. Staff will be contacted by the Welfare team in the first instance to discuss the most appropriate method of support.

## **5. How to talk about self-harm**

### **When a student comes to staff attention**

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

Staff and volunteers will:

- Assure them that it's good to talk about their need to self-harm
- Help them to think about their self-harm not as a shameful secret, but instead as something that they can receive support with and can resolve with help finding a solution with alternative coping and regulation strategies. Staff will need to be aware that this is a considerable task and can take a significant amount of time. The underlying stress can be complex to navigate.
- Help them identify what the trigger points are and reflect about the feelings they were experiencing, which lead to them feeling as though they had no option but to self-harm
- Listen to what they feel they get out of self-harm

Tina Rae

Some students may struggle with self-reflection. It is the staff's responsibility to use your knowledge of the young person and support the reflection by being present and noticing triggers. It maybe that the staff need to look change the environment including places, emotional or people.

It is important that we do not ignore signs of self-harm. If staff suspect self-harm, they will let the young person know concerns in an empathetic and caring manner.

Young people will respond best if staff talking to the young people listen carefully in a calm and compassionate way, take a non-judgemental approach and try to reassure them that they understand that self-harm is helping them to cope now and that they want to help.

Staff need to talk with the Designated Safeguarding Leads about the best course of action, in line with the Safeguarding Policy.

'A supportive response demonstrating respect and understanding of the child or young person, along with a non-judgmental stance, are of prime importance. Note also that a child or young person who has a learning disability may find it more difficult to express their thoughts.

In a confidential environment, not in the presence of other pupils, practitioners should talk to the child or young person and establish:

- If they have taken any substances or injured themselves
- Find out what is troubling them
- Explore how imminent or likely self-harm might be
- Find out what help or support the child or young person would wish to have
- Find out who else may be aware of their feelings.

And explore:

- How long have they felt like this?
- Are they at risk of harm from others?
- Are they worried about something?
- Ask about the young person's health and any other problems such as relationship difficulties, abuse and sexual orientation issues?
- What other risk taking behaviour have they been involved in?
- What have they been doing that helps?
- What are they doing that stops the self-harming behaviour from getting worse?
- What can be done in school or at home to help them with this?
- How are they feeling generally at the moment?
- What needs to happen for them to feel better?

A member of staff will need to talk to the young person to find out more about their self-harm behaviour, including history, frequency, types of method, use, triggers, psychological purpose, disclosure and helpseeking and support.

(Young people who self-harm, A Guide for School Staff, University of Oxford, 2018).

Staff will use empathic listening and a PACE approach to speak with students about self-harm as part of a Trauma-Informed Schools approach (PACE - Playfulness, Acceptance, Curiosity, Empathy) and WINE ('I wonder', 'I imagine', 'I notice', 'Empathy') instead of 'why' questions. This can be combined with use of the arts (for example, 'big empathy' drawings, sand play) to aid communication.

Staff may also use a differentiated approach as necessary in communicating with students with SEND, including for students who find verbal communication difficult.

If young people talk about self-harm, it is also important to establish if they are feeling suicidal, so the question 'Have you ever felt like ending your life?' should also be asked. We know that asking about suicide does not put the idea into their mind, however some children may not disclose suicidal ideation until directly asked about this. The Pushforward Suicide Prevention guidance must be followed.

Staff will put a plan in place with the student to support them whilst they are with us, this will be reviewed as needed. For some young people this may be daily at the beginning, and then move on to regular reviews as agreed.

Practitioners working with students who are at risk of self-harming or suicide are trained specifically in empathic listening and will be offered training in therapeutic arts, to support the young person in processing their emotional suffering. Practitioners can also refer student to the welfare team and/or the Pushforward Trauma-Informed Schools Practitioner for extra support.

It may be helpful to put together a self-soothe box/compassionate kit bag  
<https://www.getselfhelp.co.uk/emergency-or-soothe-box-first-aid-for-distress/>

Over time, one to one time with Emotionally Available Adults at Pushforward will establish stress regulatory systems in the student's brain and optimal levels of opioids so they will no longer need to hurt themselves when distressed.

## **6. Informing and supporting Parents/Carers including consideration for confidentiality**

When Pushforward becomes aware of a young person's self-harm, they will need to consider having a conversation with the young person about sharing information. This may include their parents/carers, as they may need to be involved in supporting their child and accessing further support for them if necessary (unless this would put them at risk of harm).

Sometimes young people have a preference of who they would like to be informed, e.g. Mum, Dad, carer or a social worker.

If a young person is reluctant about informing someone, we will encourage them to think about the benefits of involving other people and how they could help. Professional

judgement must be exercised to determine whether a child or young person in a particular situation is competent to consent or to refuse consent to sharing information.

Consideration should include the child's chronological age, mental and emotional maturity, intelligence, vulnerability and comprehension of the issues. A child at serious risk of self-harm may lack emotional understanding and comprehension.

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

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

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

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

If a competent child wants to limit the information given to their parents/carers or does not want them to know it at all; the child's wishes should be respected, unless the conditions for sharing without consent apply.'

Please also see the NSPCC website for further information on balancing children's rights with the responsibility to keep them safe from harm: <https://learning.nspcc.org.uk/child-protection-system/gillick-competence-fraser-guidelines>

As self-harm can often provide a way of feeling in control, it is important that children and young people are fully involved in discussions about informing parents/carers, considering the individual's competence to make such decisions, as well as any safeguarding concerns, as discussed above.

Good practice should involve giving young people some choices about how this will be done. Options could include letting the young person inform their parents/carers and Pushforward getting in touch the next day rather than immediately (where there is no immediate safeguarding concern), parents/ carers are called with the young person present throughout the conversation, parents/carers are invited into Pushforward to talk together with the young person.

A checklist for talking to parents/carers on the phone can be found in 'Self-harm and eating disorders in schools' by Pooky Knightsmith. It is also important that parents/carers are

provided with appropriate advice and support about how to support their child with self-harm: <https://www.youngminds.org.uk/parent/parents-a-z-mental-health-guide/self-harm/>

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

For professionals, further information can be found here:

<https://www.youngminds.org.uk/media/wr5fwijg/no-harm-done-professionals-pack.pdf>