

Grief support for
children & young people
in Swindon & Wiltshire



Self-Harm Policy

Document Control:

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1	Oct 2023	Kath Brownlee	18.10.23	Good
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1.1	Oct 2025	Kath Brownlee	13.11.25	Good Added history and changeable factors questions to CYP discussion check list. Updated Young Minds Helpline.
2	01/09/2026	Kath Brownlee	16.09.26	Good – links checked and updated. Removed mention of hard copy of policy held in office, and replaced with 'held on SharePoint.'
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1. Charity Statements:

Statement of public benefit:

Wiltshire Treehouse is for the benefit of bereaved children, young people, and their families, living/educated within Swindon & Wiltshire.

Mission:

Wiltshire Treehouse wants to see a world where every bereaved child and young person can receive guidance and support to help them through their grieving process. We will enable those in our local communities to develop the coping strategies, skills, and confidence they need to thrive.

Charity Objectives:

Provide high quality, relevant bereavement support and guidance to children, young people & their families.
Improve the initial experience of a child bereavement through training and awareness raising.
Secure the continuity of our organisation, ensuring a future of child specific bereavement support.
Be proud of the charity, a great place to work and achieve.

Our Values:

Growth – Providing a safe space for personal development.

Respect – Beneficiaries, volunteers, and staff are treated with respect and dignity within their journey with the charity.

Inclusivity – Services and support available to the whole community.

Empowerment – Working with beneficiaries to enable change on their terms.

Friendly – Open and welcoming.

2. Purpose, Scope, and Users:

We have a responsibility to meet the needs of our service users, and it is important that we all know how to best approach the issue of self-harm. This policy must be read in conjunction with our safeguarding policy.

The policy applies to all Beneficiaries and staff within the Charity, including employees and other workers, such as volunteers, and trustees, temporary workers, and contractors. Staff are expected to put this policy into practice with immediate effect.

A copy of this policy will be distributed to all staff. It can also be found on SharePoint and will be made available to other workers on their engagement. In addition, all employees will receive a briefing on this policy during their training, with all relevant posts working with children and young people, or vulnerable adults, receiving further training as part of their induction process and training needs reviewed regularly.

Any questions about the policy should be directed to admin@wiltshiretreehouse.org.uk

The Trustee body has been consulted and has agreed the contents of this policy. This policy does not form part of employees' contracts of employment and the Company may amend it at any time.

This policy is reviewed annually and may be amended at any time.

3. Introduction

The term self-harm used in this policy refers to any act of self-poisoning or self-injury carried out by an individual, irrespective of motivation. Self-harm is a sign that a young person is experiencing significant emotional distress. It is important to view self-harm as a form of communication and help seeking behaviour.

Self-harm may include overdose (self-poisoning), hitting, cutting, burning, pulling hair, picking skin, head banging, self-strangulation.

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 aims to encourage staff (paid and volunteers) 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.

4. Understanding Self-harm

Young people self-harm for a variety of reasons, this can include:

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

Supporting Children & Young People Who Self-harm

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

Some factors that might make someone more at risk are:

- Mental health conditions such as depression, anxiety, borderline personality disorder and eating disorders.
- Experience of stressful life events, for example, relationship difficulties, child maltreatment, attachment disorders, or domestic violence.
- Social isolation and marginalised groups (minorities by virtue of ethnicity, gender identity, and sexuality).
- Having been bereaved by suicide
- Having a disability and/or special educational needs

Reference: <https://cks.nice.org.uk/topics/self-harm/background-information/risk-factors/>

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

service users 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 grades; 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. Designated safeguarding leads will follow the safeguarding policy if concerns emerge.

It is important that as professionals we do 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)

5. Good practice in supporting children and young people who self-harm

Acknowledge their distress – both their physical pain and their emotional pain which may have led to the self-harm. Young people will want your acceptance and support. Their behaviour should not be described as attention seeking, and you should use non-judgemental language. Advise the young person that you will need to discuss what happened with the designated safeguarding lead in line with our safeguarding policy.

Ask if the young person has any objects on them that they have been using to self-harm with, and collect them. These can be picked up by their parent/carers at the end of the day if they wish.

If you have immediate concerns about the effect of the self-harm injury including an overdose, call 999 straight away.

If you suspect self-harm, let the young person know your concerns in an empathetic and caring manner. Young people will respond best if staff talking to 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 at the moment and that they want to help. 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 service users, 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?

The following may be useful to consider when approaching a young person about self-harm: A member of staff will need to talk to the young person to find out more about their self-harm behaviour including history, frequency, types of method, use, triggers, psychological purpose, disclosure and help seeking and support. (Young people who selfharm, A Guide for School Staff, University of Oxford, 2018).

If young people talk about self-harm, it is also important to establish if they are feeling suicidal, so the question 'Have you ever felt like ending your life?' must also be asked.

We know that asking about suicide does not put the idea into their mind, however some children may not disclose suicidal ideation until directly asked about this.

A checklist is included at the end of this policy that can provide a useful framework for this conversation.

The team member who has the conversation with the young person may be a volunteer or paid member of staff. It is important to consider who is best placed to have this conversation. Experience and training in self-harm, alongside relationship with the young person should be considered. Sometimes it may be appropriate for a lesser experienced member of the team to have this conversation, as long as they are supported by a more experienced member of the team. The senior worker present is responsible for making this decision, and can seek support from the Service Director if needed.

Informing and supporting Parents/Carers including consideration for confidentiality

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

Sometimes young people have a preference of who they would like to be informed, e.g. Mum or Dad. If a young person is reluctant about informing their parents/carers, we will encourage them to think about the benefits of involving their family and how they could help.

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 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 staff getting in touch the next day (where there is no immediate safeguarding concern), parents/ carers are called with the young person present throughout the conversation, parents/carers are invited in to talk together with the young person.

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/>

<https://youtu.be/b4cPCcJ6o88> (Video for Parents/Carers, Young Minds)

Parents/carers should be made aware of external support such as helplines, for example Young Minds Parent Helpline 0808 802 5544 (open 9.30am - 4pm on Mondays, Thursdays and Fridays, 9.30am - 6pm on Tuesdays and Wednesdays).

Assessment of Risk and Making Referrals

In general, children and young people are likely to fall into one of two risk categories:

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

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

If there are significant concerns about a young person's mental health, a referral to CAMHS, with parental consent, will need to be made.

If young people need urgent medical attention and are taken to A&E, they should receive a mental health assessment at hospital.

All other referrals to CAMHS should be made using the following information -

Swindon -

https://www.swindon.gov.uk/info/20230/child_and_adolescent_mental_health_services_camhs/1553/camhs_accessing_the_service

Wiltshire - <https://adults.wiltshire.gov.uk/Services/1698/Wiltshire-CAMHS-Ch>

Professionals can also call their local CAMHS service for consultation.

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

6. How staff will be supported - Self-harm can be distressing for staff.

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

Some suggestions that may help:

- Be honest with yourself about your emotions
- Discuss your feelings with colleagues or supervisors/ managers
- Seek support
- Look after yourself (making sure that you prioritise your own health and wellbeing)
- Recognise that staff can have an important role to play in helping young people who are self-harming

We have a duty of care towards our employees and need to ensure that staff are appropriately trained and supported when dealing with difficult issues. Our designated safeguarding lead will offer advice and support to staff supporting young people who self-harm. We will have at least one member of staff who has received training about self-harm.

We will raise awareness of self-harm and ensure that all staff are fully aware of this policy as part of our safeguarding training.

We encourage staff to offer support to each other, and we offer appropriate and relevant management support when staff are supporting children with significant mental health and safeguarding issues, including opportunities to de-brief and team meetings.

7. Sources and References

<https://www.nspcc.org.uk/keeping-children-safe/childrens-mental-health/self-harm/>

<https://harmless.nhs.uk/resources/plans/first-step/>

<https://www.youngminds.org.uk/parent/parents-a-z-mental-health-guide/self-harm/>

<https://www.youngminds.org.uk/professional/resources/supporting-a-young-person-struggling-with-self-harm/>

<https://www.england.nhs.uk/long-read/staying-safe-from-suicide/>

Conversation tips about self-harm

These may be helpful questions or statements:

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

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

“I wonder what are the sorts of things that make you feel like harming yourself?”

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

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

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

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

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

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

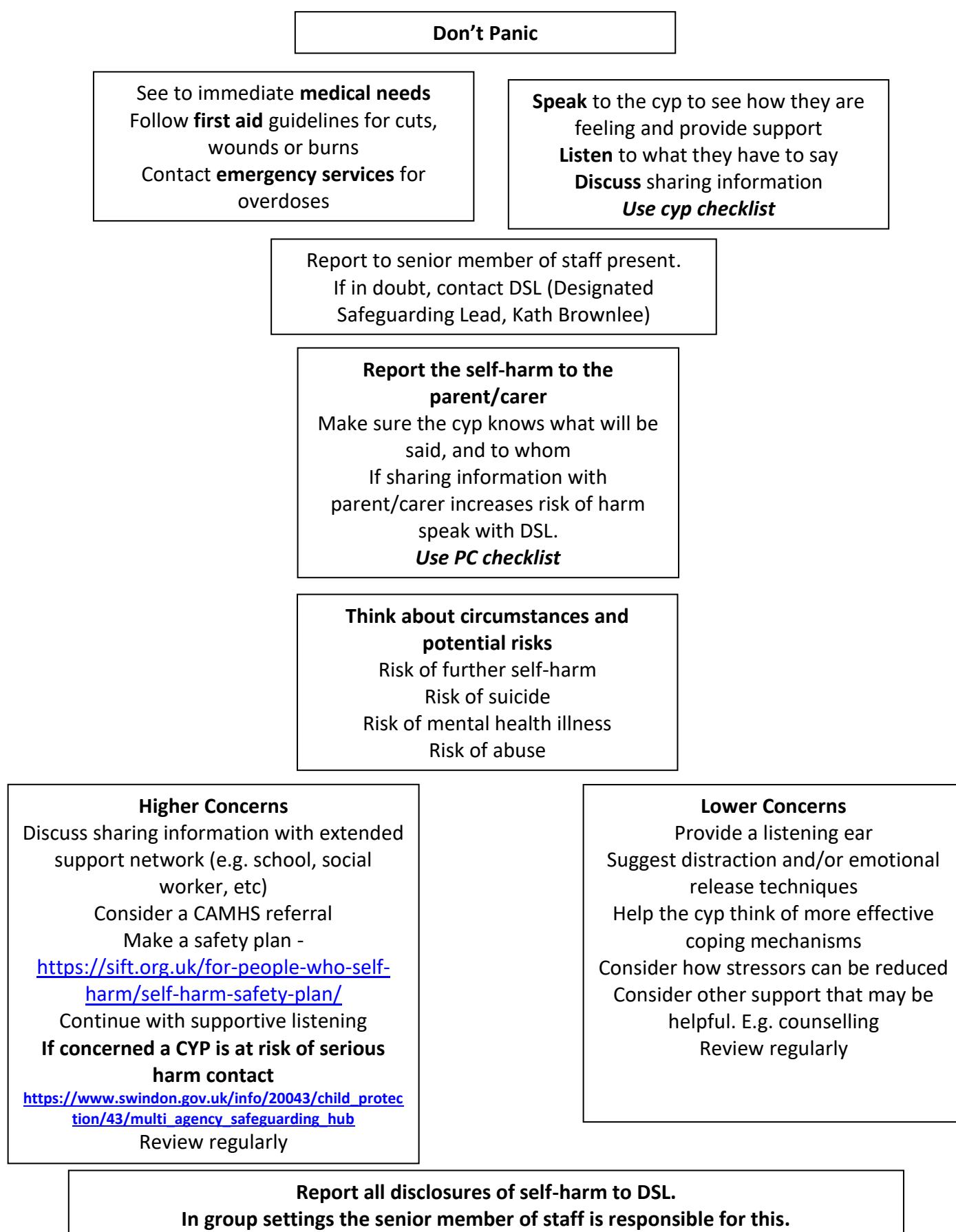
maybe good to talk to? How would you feel about letting them know what's going on for you at the moment? "

"How could we make things easier for you at school? "

"What feels like it is causing you the most stress at the moment? "

"What do you think would be most helpful? "

Wiltshire Treehouse Self-harm Flow Chart - Relevant for disclosures of thoughts & actual harm



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Speaking to Parents/Carers about their child's self-harm – Checklist

Share the information – make sure the child knows what is being shared, and with whom

Explain that self-harm is a symptom of their child's distress

Reassure the parent/carer that their child has been brave in having this conversation with us and that they are getting support for their bereavement

Provide context to the self-harm, e.g. frequency, duration, severity, triggers.

Encourage the parent/carer to have a calm and non-judgemental discussion with their child. This will help to build communication at home and help the parent to understand what could help their child. Tips for this can be found here <https://www.youngminds.org.uk/parent/parents-a-z-mental-health-guide/self-harm/>

This video explores self-harm journeys from the perspective of parents and children/young people. It may be helpful to share it with parents/carers. <https://youtu.be/b4cPCcJ6o88> (Video for Parents/Carers, Young Minds)

Following a discussion with their child, parents/carers may wish to visit the GP or speak to their child's school to seek further support and guidance. Emphasise that it is important for the child to be involved in deciding who is told to help the child feel in control (thus lessening risk of further self-harm).

Let the parent/carer know they can contact us if they require further advice or guidance.

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Speaking to Children/Young People about self-harm (thoughts and actual harm) – Checklist

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

Question/Discussion Points	Notes
“I wonder if you’re using self-harm as a way of coping with something. Is something troubling you?” - Consider - their bereavement? worried about something? at risk of harm from others? sexual orientation or gender identity issues?	
How are they feeling in general at the moment? - Rate from 1 (lowest) to 10.	
“How long have you had thoughts of hurting yourself, are they new or have you had them before?” (establishing the history) - “How often do you get these thoughts?” - Occasionally? Once or twice a week? Once a day? Several times a day? - “Do you feel able to fight these thoughts?” Yes? No?	
“Have you actually harmed yourself?” - What did you do? - Did you need treatment? - When was the last time? - Did something happen that made you do this? - Have you got fresh wounds? Can I see them? – administer first aid as necessary	

“Have you harmed yourself more than once?” - “How often do you harm yourself?”	
“Have you ever thought that life is not worth living?” - “When was the last time you felt like this?” - “Had something happened to make you feel like this?” - “How long have you had these types of thoughts - weeks, months, years?” (establishing history)	
“Have you made plans to end your own life?” - “What are you planning to do?” - “Have you started preparing for this?”	
“Have you ever secretly attempted to end your own life?” - “What did you do?” - “How long ago did this happen?”	
“Is anyone supporting you at the moment?” - “Who is supporting you?” - “Have you told them what we have talked about today?”	
“What have you been doing that helps you not to self-harm?” - E.g. punching a pillow, texting a friend, watching tv. - “What help or support do you think might help?” - What needs to happen for them to feel better? e.g. at school or at home	

“Is there anything coming up that might make things better or worse for you?” (considering future/changeable risks) - e.g. changes at school/at home, bereavement triggers (anniversaries etc)	
Next steps (as discussed and agreed with young person)	
Explain we will share information with parent/carer If cyp is hesitant discuss benefits and our duty of care - Discuss what will be shared? - How will it be shared? Does cyp want to share the info, followed up by us (ONLY when no immediate risk) Does cyp want to be present during phone call/meeting with parent?	
When will our next check in be?	
Who can the cyp talk to about their feelings?	
What other coping strategies will the cyp try to use? IT IS IMPORTANT NOT TO TELL THE CYP TO STOP SELF-HARMING Instead, encourage them to seek support for underlying reasons and to encourage use of other coping strategies	
Other agreed actions for high risk cyp —e.g. completing a safety plan together or submitting a CAMHS referral	