SIPP SUPPORTING FAMILIES PLAN

Reach Out and Make a Difference to the Whole Family

We Are Families Just Like Yours…

…Many parents characterised their initial reaction as 'shock and horror'. Shannon said, "First feeling was my stomach dropped and I felt sick and I thought, oh no, it's really that bad." Isla also felt 'frustrated… annoyed… and angry' that her daughter had hurt herself, and Amber said, "at first, when you see these marks on your child's beautiful skin, you're just filled with every emotion that you can possibly think of—fear, anxiety, disbelief, anger and just not knowing what to do."

Ferrey AE, Hughes ND, Simkin S, et al The impact of self-harm by young people on parents and families: a qualitative study BMJ Open 2016

We Are People Like You…

"…my daughter was asked the exact same questions twice in a row about an hour or so apart… no eye contact… not even a pulled curtain to give privacy from the teen girl and mum sitting on the next bed to us… it was a tick list for sure, and a complete disconnect with the immense personal pain and grief being experienced by myself and my daughter. It is dehumanising and devaluing at a time where personal dignity is most exposed."

Anonymous

STEP-BY-STEP

Empathy: ensure you have an understanding of this behaviour as a coping mechanism. How would you feel if it were your child?

Need to Know: One of the biggest worries shared by young people who self-injure is that the whole staff room will be told everything. Parents feel that too. Be explicit from the outset about which staff are part of this plan.

Reach Out: Write a letter offering support and time with you to discuss what might be of benefit to the family.

Prioritise Siblings: Understandably, focus is firmly placed upon the child who is injuring. Their siblings are in need of thoughtful attention too.

Walk the Walk: Support that is promised must materialise.

Be Flexible: This journey isn't linear. Need will fluctuate, but support in school for siblings must be a constant.

Remember: The vast majority of young people who use self-injury to cope will stop.

CONTENTS

RESOURCES

WHY?

Inspired by the extraordinary work done by The Centre for Suicide Research, this plan has been created to provide practical, easy to implement support for the parents/carers and siblings of young people who self-injure. From discovery to recovery, all of the parents who are quoted offered their time and experiences to help other families. These films can be found at:

www.healthtalk.org/self-harm-parents-experiences/overview

The majority of schools will have a number of young people using self-injury to cope at any given time. There will be diverse reasons and degrees of severity. All need support, but so do those that love and live with them. Helping the family to cope is another way of supporting the child.

When a young person uses self-injury, it's not just the child who has to live through and endure it. A much wider group is also emotionally and mentally hurt by it. Very rarely is this intended, but rather, 'collateral damage'. Often paralysing shame, guilt, anger and fear has a shattering effect upon the whole family. This can be a period of extreme isolation and anxiety. Simply deciding whether or not to tell the extended family what is happening can cause huge issues, let alone the wider network of child and adult family friends.

After the discovery of self-harm, parents described initial feelings of shock, anger and disbelief. Later reactions included stress, anxiety, feelings of guilt and in some cases the onset or worsening of clinical depression. Social isolation was reported, as parents withdrew from social contact due to the perceived stigma associated with self-harm. Parents also described significant impacts on siblings, ranging from upset and stress to feelings of responsibility and worries about stigma at school.

Ferrey AE, Hughes ND, Simkin S, et al. The impact of self-harm by young people on parents and families: a qualitative study. BMJ Open 2016

Parents' reactions to the self-harm often depended on how they conceptualised it: as part of adolescence, as a mental health issue or as "naughty behaviour". Parenting of other children in the family could also be affected, with parents worrying about less of their time being available for siblings.

Anne E. Ferrey et al

Changes in parenting strategies after a young person's self-harm: a qualitative study

HOW?

Schools, despite being overstretched in every direction, are being tasked to take on more and more responsibility for the mental health of their students. Using what is already available, targeted management could make a vital difference not just to siblings and parents, but to the child themselves.

- Ensure that you and your team understand the current situation. Communicate with outside agencies where possible to gain the fullest picture. Every member of staff shouldn't be involved. After meeting with the Head, a staff member the student trusts should be chosen to liaise with the family. Strong communication lines between home and school means that if the student experiences crisis (such as a suicide attempt) out of school hours, the school is far more likely to be made aware of it.

- Honest, regular communication between home and school can make parents feel held in mind. For example, young people don't want to be 'interrogated' about their day when they get home. A quick text or email to say, 'No issues today.' or 'Withdrawn but attended all classes.' fills in a potentially dangerous blank for parents.

- A need-to-know network of adults in school can be put in place for siblings, who are asked to identify someone/people they trust to check in with and to listen when/if they need to talk. Agreed signals mean siblings can let staff know if today is not a good day, and sometimes that is all they need. Time can be set aside each week for a catch up; the young person gets to decide if they talk about home. They might want to talk about anything but, and that's absolutely fine. If they refuse to discuss the situation, ensure they still have the option of time with their adult.

> *"There is reasonable consensus that siblings of children with chronic conditions are at risk for behavioural, mental and physical health problems. If left unaddressed, the challenges which siblings face can increase their risk of developing longer term mental health problems, at considerable cost to them, governments, and the community."* **RANZCP**

STEP-BY-STEP PLAN:

1. Understand self-injury as a coping mechanism.

2. Review all relevant information around the child. Are CAMHS involved?

3. Send a letter to the family offering an informal meeting. Have key staff available if you think this will be beneficial. (Starting the meeting with just you will help parents not to feel overwhelmed.)

4. Complete a Support Strategy Plan. If you provide a caring, family-centric approach, you are far more likely to be told if a student is hospitalised or has had a bad evening/weekend.

5. Do students have access to a school counsellor or school nurse? If yes, discuss this option with parents/carers.

6. Establish how often the family will be contacted about their child and by what method. A phone ringing - for parents who have received calls to tell them their child is in hospital - can be a cause of extreme anxiety, particularly if they are unable to answer immediately. How often will a member of staff discuss how siblings are coping with parents/carers?

7. Are there younger siblings in another school? Are staff there aware of what is happening? Would parents like you to tell the other school's Head?

8. If appropriate and with no blame or shame, have a trusted adult offer to talk through the gist of what has been put in place with the young person who is self-injuring.

9. Trusted adult(s) identified by siblings complete My Support with them.

By using the Family Support Strategy and My Support, much can be agreed and put in place, quickly and cooperatively.

SIBLINGS

School-age siblings, especially when close in age, may feel the stigma of a sibling's self-harm. For example, Denise's son did not want his friends to know about his sister's self-harm. "There's been a big issue because he's just kept the whole thing secret so none of his friends know. He doesn't talk about it because he thinks that people will bully him [by saying], 'Oh your sister self-harms'."

Ferrey AE, Hughes ND, Simkin S, et al. The impact of self-harm by young people on parents and families: a qualitative study. BMJ Open 2016

There is no 'one size fits all' strategy for siblings but there is universal need. Remember that if one sibling wants to behave as though everything is fine, and another wants to have time to share their feelings and be supported, both need acknowledgement. All should be reassured that they have a right to cope in their own way, to be angry, sad, worried, to ignore it etc. The offer of a safe environment to express whatever needs expressing is key. In cases where siblings are in secure units, offer to support them to write emails or letters.

"I don't want to bother my parents or make them worry, I never do. I think it's because of all they have to go through. I don't want to add to it all."

"We siblings are not supposed to feel angry and resentful. Such feelings imply selfishness and insensitivity."

"…it is important to intervene early and provide support to these children. This needs to include approaches within all the settings in which the child operates, for example, family (immediate and extended), friends, peers, school and community. This support needs to continue… as issues change."

Siblings Australia

Staff don't have to be therapists or even have specialist knowledge to provide effective support. Empathy is vital, as is the ability to 'hold the space' for the student. Let them feel what they need to feel, without trying to fix it. What matters is what they are able to let out, rather than what an adult might feel they should 'put in'. Staff shouldn't be afraid to be honest if they don't understand why anyone would do it either. Anger at parents for not making the sibling stop hurting themselves, or at the sibling that has taken all the attention and 'broken' the family, is totally understandable. Siblings need to know that they are allowed to express their rage; it doesn't show a lack of love. When asked what staff could do that would be genuinely helpful, one young person's reply was simplicity itself.

> *"Just checking up on you and making sure you are cared about as well…"*

Siblings can carry a huge amount of worry and fear for their brother or sister, and the wellbeing of their family. Sometimes they are ashamed of what it happening, then are angry with themselves for feeling that way. Make it clear that they are allowed to feel the way they do, and that you aren't judging them for it. Sometimes a child can feel the one thing they **can** do in this circumstance is 'be loyal' and not complain. When a sibling is taking up so much parental time and attention and causing huge anxiety, a child sometimes suppresses their own need to be reassured. They don't want to add to the parental burden. Help them to realise that although they may not be at the same level of crisis as their sibling, that doesn't mean they are not as important.

It is helpful to make staff aware that circumstances arise where siblings may have been unable to sleep. Strong links with home may ensure that school is contacted when sibling behaviour could unravel as a consequence of a horrible night for the family. Without labelling the children, using a code (e.g.H10) to indicate "Home Difficulties" informs staff that compliance or effort issues are very likely to be rooted in something serious. The idea is that using a code makes teachers aware that the student is not needing to be 'dealt with'. Timeouts, safe space and supportive adult(s) should be deployed as necessary.

A possible starting place for a conversation with a sibling could be internet use - have they have looked for information about self-injury on social media? Was it helpful or not? Have they found or accessed any support for themselves? Is that something they would like some help with? Providing them with websites or phone lines that offer support 24/7 gives them an option in a time of crisis. They may face times of extreme fear where their parents are unable to support them at that moment, e.g. they are rushing another child to hospital. Left with other family members, friends or neighbours, they may feel unable to talk about what is happening.

Giving siblings the opportunity to take a little time out to regroup can be hugely important. Often they don't want fuss or overt attention, but knowing that they can signal a need and have it met provides genuine relief. It is also important to appreciate that work set around 'My Summer Holiday' etc. can be a very different assignment for children who are living with a sibling who is self-injuring.

An example of a completed My Support form follows.

(N.B. Some ideas for possible activities to undertake with siblings are suggested in the Resources Section.)

…Four of the mothers interviewed also considered that the extra time, energy and attention spent on their self-harming child meant that they had neglected the mothering of their other children. When the self-harming experience lasted some years, as it had for one mother, she felt trapped in the guilt; either for neglecting the self-harming adolescent or neglecting the others in the family. She related that one of her children's self-harm had caused serious disruption to their family life and that her son had missed out on the happy and healthy upbringing he deserved, irrevocably changing the family's communication and relatedness, even years after: 'He talks to us but there is something not quite the way it should be.' Melanie related how her son had had to cope with being left behind frequently when she and her husband took their daughter to hospital, having either overdosed or bleeding, often during the night. These mothers' expressions of guilt and loss were palpable; and frequently were overlaid with feelings of inadequacy and powerlessness.

Guilt and shame: experiences of parents of self-harming adolescents
GLENDA McDONALD, BSocSci; LOUISE O'BRIEN, RN, PhD; DEBRA JACKSON, RN, PhD

MY SUPPORT Student's Name: Ben Lewis

Key Staff:	1. *Mrs. Day* 2. *Mr. MacDougal*
My sign is: (*This is a gesture or action)*	*Patting myself repeatedly on the right shoulder. (This lets their teacher know they would like some time out).*
My signal is: (A way of communicating how hard the day is so far)	*A red, yellow and green pen or pencil to communicate whether today is good, bad or ok; holding the pen as the teacher walks around the class. They don't want to talk or need a time out, they just need an adult in school to know how they're feeling.*
My safe space is:	*The library.*
My 2nd safe space is:	*Learning support room.*
Before school I: (list any activities or check-ins you want)	*Come in and do my homework in the library. Email a score out of 10 for how I am to my safe adult if I need to.*
After school I: (list any clubs or activities or check-ins)	*Play football. Meet my Safe Adult on Monday at 3.45 for 15-30 minutes.*
MY TIMEOUT IS: 1. (5 minutes)	*Asking to go to the toilet.*
2. (10 minutes)	*Make sign to teacher; get asked to take a message to reception. Go to safe space; come back.*
3. (15+minutes)	*Go to reception to see if safe adult(s) is/are available to talk. (If they are unavailable, Head, Deputy or Mental Health Lead to support.)*
We will meet to check that everything is still working ___ weeks from now.	
Signed: Signed: Date:	

PARENTS

Parents described considerable stress and anxiety caused by their child's behaviour. Jocelyn said, "I couldn't stop crying… I was really upset, couldn't sleep." Rebecca described the experience as 'chaotic' for everyone in the house, and Judith was "surprised [she] never got carted off in a white jacket…Nancy said, "I don't want [other mums] to know because I feel ashamed of what she's done and I feel responsible for it." Susanne said, "Everyone is really embarrassed. I'm embarrassed by it, you know, because you think you've failed because if they were normal, well-balanced children they wouldn't be doing these things."

Ferrey AE, Hughes ND, Simkin S, et al The impact of self-harm by young people on parents and families: a qualitative study BMJ Open 2016

"I feel so guilty. What did I do wrong?'
Anonymous

Does any parent ask themselves how they would feel if they found out that their child was using self-injury to cope, or is it too awful for most people to seriously contemplate? When parents/carers find out their child is self-injuring, their world experiences seismic shift. No-one is prepared for the horror, the fear, or the seemingly instantaneous guilt and soul-searching that results. As an adult who cares for a child, the logical - though false - conclusion is that somehow, it's your fault.

"It was like, what have I done? . . . You tend to blame yourself . . . I wasn't watching, I wasn't caring enough, I wasn't showing enough love, I wasn't giving enough praise." Annie

"How could it have gotten this bad without me knowing? I felt like I had been a really bad parent. This whole feeling of, I don't even know my own child, what sort of a parent am I?" Jane

'I feel so guilty, what have I done, how have I let her down for her to be like that?' Melanie

Guilt and shame: experiences of parents of self-harming adolescents
GLENDA McDONALD, BSocSci; LOUISE O'BRIEN, RN, PhD; DEBRA JACKSON, RN, PhD

Schools can offer a lifeline to parents/carers by recognising that the family do not have the answers and are trying their best to cope. Simply acknowledging the

struggle can make the family feel that you are on their side, rather than judging them or waiting for them to 'sort their child out'.

> *I'm tired. Emotionally, I'm so tired and I want it to stop and, whilst I would never commit suicide, the thoughts are there at times, you know. I have actually pre-planned what I would do and how I'd do it. So it does have a knock-on effect… And the depression it leaves with you is very hard because you're almost constantly living a lie. (Flora)*
>
> ***Ferrey AE, Hughes ND, Simkin S, et al The impact of self-harm by young people on parents and families: a qualitative study BMJ Open 2016***

Parents/carers not only have to deal with their own reaction and maelstrom of feeling, but also that of their wider circle. Sometimes it can feel disloyal to the child to tell anyone who doesn't have to know. This leaves the parents/carers extremely isolated.

> *I believe my older sister would attribute it to my failure as a parent, because that is what she does. My middle sister would [think]: 'God, she [niece] is psychologically unbalanced.' . . .* ***Anonymous***
>
> *…Nancy said, "I don't want [other mums] to know because I feel ashamed of what she's done and I feel responsible for it." Susanne said, "Everyone is really embarrassed. I'm embarrassed by it, you know, because you think you've failed because if they were normal, well-balanced children they wouldn't be doing these things."*
>
> ***Ferrey AE, Hughes ND, Simkin S, et al The impact of self-harm by young people on parents and families: a qualitative study BMJ Open 2016***

The term 'parental redundancy' is used to describe how shut out and unskilled some adults feel as a result of their child's coping strategy. Self-injury is referred to as an 'unbounded event'; its effects extend well beyond the moment in time when the injury is caused. Devastatingly for all, in some cases where a young person has unsuccessfully attempted suicide, parents talk about how they feel their original child **has** died and the child who survived is a new, alien person they know longer know.

It is undeniable that supporting parents/carers to be as open as they can with their children's school will have a beneficial effect on the whole family. An initial outlay of time and effort sets foundations in place that school and home can rely on. By focussing on the well-being of siblings, schools can relieve some of the immense pressure families find themselves under. Being noticed and reassured that they matter too provides siblings with some much needed attention. No family would ever choose to be in this situation, yet 10-15% of adolescents in the UK admit to using self-injury to cope. Not all families will need the level of support suggested here, nor is this all-encompassing. If nothing else, it's a start. Hopefully the plans, templates and ideas will help you to help your families.

*"Courage comes from en**courage**ment."*

David Smail; The Nature of Unhappiness

RESOURCES

Family Support Strategy Plan

- The purpose of this document is to agree, record – and hopefully pre-empt – some of the issues faced by families trying to cope with self-injury. It is intended to provide clear lines of communication between home and school, to identify sibling needs and to alleviate some of the stress around both day-to-day and crisis management.

- Mutually beneficial, the hope is that by spending a little time with parents/carers, you co-create their families' version of Ariadne's string, helping them to navigate this terrifying and unchartered maze.

- All families are different and no two children or situations will be the same. However, the extreme and often alien nature of this coping strategy means that adults who love these children find themselves in comparable actual and emotional terrain. If you have honest communication and a family that feels supported, the hope is that at some point they will share what helps/helped them for you to pass on to other families in this position.

- This plan is designed to be completed in under an hour. Keeping it concise was deliberate; moving through each section feels like progress is being made. Something, rather than nothing, is being done.

> *"A kind gesture can reach a wound that only compassion can heal."*
>
> **Steve Maraboli**

Family Support Strategy

Family Names:

Staff Present: DATE

SIBLINGS; WHAT DO THEY KNOW?	Are there siblings in another school? Is that school aware of the situation? Do the family want you to talk to the other Head?
SIBLING SUPPORT PLAN	Show parents/carers My Support – are they happy for the school to proceed? How often would parents like to discuss how siblings are when at school? By what method? Email, text, just at Parents Evening etc.
CODES	If the family have had a bad night and children will not be attending school that day, provide a code that can be given when calling the absence line. Discuss adults being able to call to say children will be attending but have had a really tough night. A different code will then be shared via SIMS so teachers understand that siblings may find school particularly difficult that day.
ARE OUTSIDE AGENCIES INVOLVED?	If yes, record and take contact details if appropriate.
WHAT MEANS A CALL TO PARENTS?	Discuss behaviours that would result in a call to parents/carers. Would minor injury (e.g. something the student can put a plaster on) be dealt with in school?
COMMUNICATION	Is it possible to create an online diary for school and home to update? If not, will a designated staff member liaise with the family via text and email? How often?
COUNSELLOR AND/OR NURSE	Does the school have a counsellor or nurse? Can they offer time to the child who injures? (Keeping wounds clean etc.) Can they offer time to siblings?
ALTERANTIVE EMERGENCY CONTACT	Details for people to try if parents cannot be contacted.

Contact Information

(If you want to add further contact details for family support add them here)

Mum
Work: Office Phone
Mobile: Cell Phone
Email: Email

Dad
Work: Office Phone
Mobile: Cell Phone
Email: Email

Any further thoughts or ideas

For example, PE. Can the student who injures wear a lightweight long sleeve top and leggings/joggers? Where/how can they change privately?

Is there anything else the family think is relevant or would like you to be aware of?

Family Support Strategy

Family Names:

Staff Present: DATE

SIBLINGS; WHAT DO THEY KNOW?	
SIBLING SUPPORT PLAN	
CODES	
ARE OUTSIDE AGENCIES INVOLVED?	
WHAT MEANS A CALL TO PARENTS?	
COMMUNICATION	
COUNSELLOR AND/OR NURSE	
ALTERANTIVE EMERGENCY CONTACT	

Contact Information

(If you want to add further contact details for family support add them here)

Mum	**Dad**
Work:	Work:
Mobile:	Mobile:
Email:	Email:

Any further thoughts or ideas

Is there anything else the family think is relevant or would like you to be aware of?

POSSIBLE ACTIVITIES FOR SIBLINGS OF CHILDREN WHO SELF-INJURE:

- Write an email/letter. You could model by writing to your sibling/family member about what they did (when you were the same age as the student) that hurt or angered you. The first email/letter is unedited; everything you feel, every worry, without thinking about whether it will upset them or hurt their feelings. Just write down everything. Second letter: edit the first letter; take out the parts that you think would really hurt your sibling, or that they would struggle to understand. If you want to, give them this letter. Otherwise, put your letters in a safe place or burn them. Whatever feels right.

- Get staff to keep boxes and put them somewhere for demolishing by the sibling. They can kick, rip, bite or punch; just let them vent all their rage on the boxes. Be aware that this may result in them breaking down. Give them some time before tidying up.

- Does your school have a punch bag, or boxing pads? Let them hit to release anger and frustration.

- Wider perspective: look at Amnesty International and people who are also imprisoned in different ways through no fault of their own.

- Go for a walk. Being side-by-side may make it easier for the young person to talk. Getting 'away' for a time may help them to feel less weighted down.

- Cook something. Another side-by-side activity that may offer the young person a way to support their family. Discuss beforehand; they may want to make their mum/dad/sibling a cake or sweet treat. They may want to make dinner to take home for the family.

- Watch some funny/amazing videos on YouTube.

Ask them. Is there something that they would like to spend some time doing? Colouring, a board game, listening to music; something that is just to spend a little bit of time in a bubble away from the family drama.

MY SUPPORT Student's Name: _____

Key Staff:	1. 2.
My sign is:	
My signal is:	
My safe space is:	
My 2nd safe space is:	
Before school I: (list any activities or check-ins you want)	
After school I: (list any clubs or activities or check-ins)	
MY TIMEOUT IS: 4. (5 minutes)	
5. (10 minutes)	
6. (15+minutes)	
We will meet to check that everything is still working _____ weeks from now.	
Signed: Signed: Date:	

Reintegration Meeting after Absence; What and What Not To Say

It is vital to remember that a student who has experienced absence from school due to self-injury is a student that is suffering. (The example given here of what not to say is not included to pillory the adult for what they said. It is highly likely that that individual felt very unsure of how to proceed.)

Real life example of what not to say: A recovering student, accompanied by both parents, attended a return to school meeting. Staff present included the Head of Year and Pastoral Lead. Rather than welcoming their student and asking them how they were feeling, the Head of Year took an approach to be avoided at all costs. He asked the young person if they could guarantee never again to do anything that might cause "hysterics" in their friendship group, as this would have a detrimental effect on their friends' education.

Apportioning blame to a child who has found self-injury the only way to cope is NEVER the right thing to do; nor is placing responsibility for the well-being of other students upon them ever likely to result in anything but distress. To hear her child – hugely vulnerable and in great need of kind reassurance – verbally accosted as soon as they managed to get back to school, was shocking and deeply hurtful to that young person's mother. It should not have fallen to this parent to remind staff that they were there to discuss how to support, not shame her child.

Real life example of what to do: A recovering student is welcomed back by staff who feel comfortable to say that they are genuinely pleased to see them. The conversation is structured around finding out what will support the young person's return to school; what **they** think would work and what they need. They, not their self-injury, are the focus of the meeting. There is an openness that some things may work immediately and others may need a little more time. Contingency plans for harder days for that young person are agreed. It is made clear that the student will be treated just like every other student. Parents feel huge relief at the understanding and willingness to listen shown by the staff. The student feels heard, cared about and reassured that they are still a pupil, just like everyone else.

(This is simply what I would send to a family were I a Head. I know you are all skilled when it comes to writing difficult letters. The hope is that it provides some ideas and helps you save time.)

Dear _____

I am writing to express my sincere desire to offer you and your family support at this incredibly difficult time. Many families across the country are trying their best to deal with their child's coping strategy, which can seem beyond understanding. Parents talk of feelings of guilt, shame, anger, sadness and constant worry that can be overwhelming. Self-injury is often misunderstood and this can isolate families who are going through it, making it even more difficult to manage. Siblings sometimes feel as if there isn't enough care to go around, and that their needs and feelings are overlooked because of the behaviour of their brother or sister. They can feel very angry that their sibling is hurting their parents, and/or very frightened by what they see and hear. Often they cannot understand why the person doesn't just stop it.

There is no 'magic wand' approach, and each child and situation is unique. However, at this school we very much feel that if welcome, we can be there for you as a family. If there is a time that is convenient, I would greatly appreciate the opportunity to discuss how we might help. This could include your other children choosing an adult in school (who would be informed of what is happening) to become their 'go to' person. It may include them coming to Breakfast Club or staying after school for activities to give you some 1:1 time with {Student's name}. Sometimes, just having a way to signal to a form tutor that today is already hard gives a child a sense of being noticed. Often they don't feel that they want to talk about it; just having someone aware means they can get through the day.

I understand that you are under a great deal of pressure. There is no expectation from us, just a genuine wish to help you all, if you feel that we can.

Sincerely,

My direct number is:

Further Support:

www.psych.ox.ac.uk/news/you-are-not-alone

www.lifesigns.org.uk/wp-content/uploads/2015/02/factsheet-parents-v4.pdf

Young Minds Parents Helpline: 0808 802 5544

Alumina: www.selfharm.co.uk

www.children1st.org.uk

selfinjurysupport.org.uk

harmless.org.uk

Samaritans of Taunton & Somerset: 0330 094 5717

SIPP
Self-injury Pathway Project