Self-Harm Policy

Policy:	Self-Harm Policy
This Policy was approved:	November 2022
This Policy was updated	September 2023
This Policy was reviewed:	September 2024 June 2025
This policy will be reviewed:	January 2026
Governor committee responsibility:	Headteacher

1. Introduction and Context

1.1 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 pupils, peers and parents of pupils currently engaging in self-harm.

2. Purpose

2.1 This document is a policy for staff working in this school who may be supporting pupils who self-harm.

3. Aims

3.1 To adhere to the NYCC Self-Harm Guidance protocol.

3.2 To develop outstanding practice within this school to help and support pupils who self-harm.

4. Definition of Self-Harm

4.1 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

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

The Headteacher

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

Staff

5.3 Pupils 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: Trusted Adults, Worry Boxes, Pupil Mentoring

5.4 This includes all staff being aware of the North Yorkshire pathway of support for children and young people who deliberately self-harm.

6. Training

6.1 Schools are recommended to access training regularly on self-harm. Staff giving support to pupils who self-harm may experience all sorts of reactions to this behaviour in pupils (e.g.

anger, helplessness, rejection); it is helpful for staff to have an opportunity to talk this through with work colleagues or senior management.

6.2 Staff taking this role should take the opportunity to attend training days on self-harm or obtain relevant literature. Induction procedures for all staff, outlined below, will include training on Self-Harm, Child Protection procedures and setting boundaries around Confidentiality.

7. Monitoring and Evaluation

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

8. Supporting Pupils

Pupil shows signs and symptoms of self-harming:

- Stay calm – try not to panic or show you feel shocked, even though you may be.
- Ensure all physical wounds are treated before any conversations around the non-physical aspects of self-harm.
- Do not ignore, punish or criticise the behaviour.
- You may want the young person to stop but telling them to stop is not helpful and can be dangerous as it takes away their coping strategy
- Listen to them non-judgmentally and try to understand
- Explain about duty of care and confidentiality
- Record concern and inform Designated Child Protection lead
- Have an awareness of your own feelings and need for safe support
- Be aware of 'social contagion' – self-harm spreading between members of a group

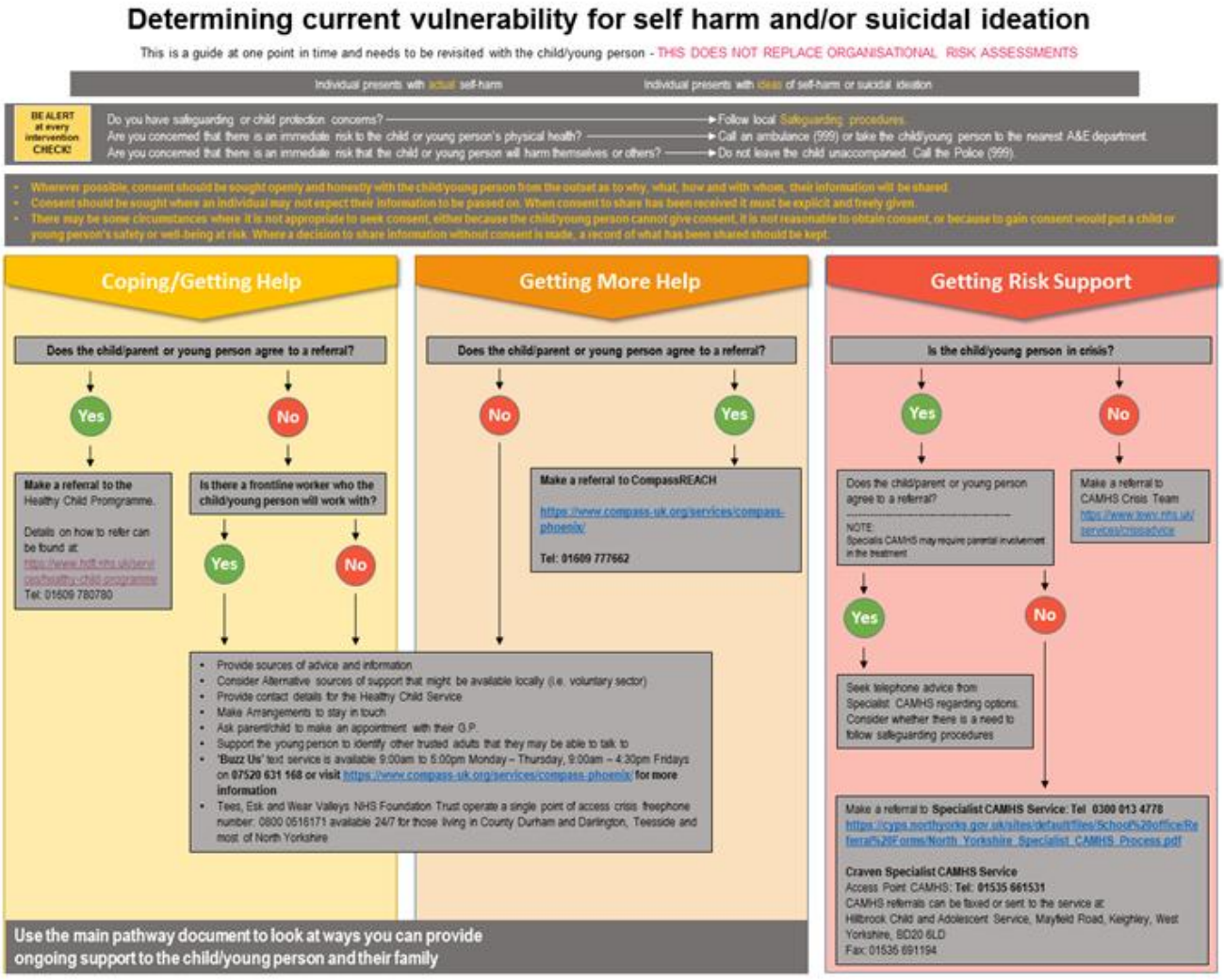
Undertake a risk assessment and create a 'safety' plan:

- The DSL Team will work with available information to undertake risk assessment and safety plan
- Inform parents and carers unless clear reason not to.
- Relevant course of action will depend on level of risk
- Seek support from other agencies
- Document concerns and actions to be taken – within whole school approach/policy/protocol

High risk/Crisis

- Seek immediate medical attention and administer first aid if required
- Keep calm and give reassurance to pupil and others who may have witnessed the self-harm
- Explain duty of care and confidentiality
- Record concern and inform Designated Child Protection lead
- If child/young person is taken to hospital, emergency protocols for treatment and care will be implemented
- If child/young person is not taken to hospital, discuss with CAMHS to mark pain if possible. Pain scales may also be helpful.
- Consider what might be going on for the child outside of school e.g. has there been a change or loss.

North Yorkshire Safeguarding Flow charts



Definitions of severity and impact

Getting Advice	Getting Help	Getting More Help	Getting Risk Support
• Child or young person has accessed universal support for mental health needs • No specific plan or intent • Has ongoing support through networks, e.g. universal services, teachers, peers, etc. Limited impact on daily life. No prevailing risk taking behaviour May have had thoughts of self-harming but not acted upon them. Has sought help for concerns driving self-harming thoughts.	• Superficial harm e.g. wounds that do not require medical attention • No specific plan or intent • Has ongoing support • Suicidal thoughts are fleeting and easily dismissed The behaviour is related to personal and social circumstances which might include peer pressure to conform. The 'self-harm' behaviour is not routine. There is no accompanying risk taking behaviour or concerns about the safety to themselves or others. The impact on daily life is minimal.	• No specific plan or intent • Suicide thoughts are frequent but fleeting • Previous or recent suicide attempt The self-harming behaviour is linked to other risk factors or behaviours which could affect the severity of the self-harming, for example linked to alcohol or substance misuse. The self-harming is routine and has been taking place over a period of time irrespective of the severity of the self-harming. The behaviour is being used regularly as a coping mechanism. The impact on daily life is moderate.	• Frequent suicide thoughts which are not easily dismissed • Specific plans in place and access to lethal means • Increasing self-harm either frequency, potential lethality or both The self-harming is part of a complex mix of behaviours which increase the risk to the child/young person, for example linked to alcohol or substance misuse and other risk taking behaviours. The child/young person may (but not in every instance) have a clinical diagnosis of mental health illness or condition. There is evidence that without specialist and/or clinical intervention the severity of the self-harming will escalate. The impact on daily life is high.

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