

Self-Harm Policy

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| Policy: | Self-Harm Policy |
| This Policy was approved: | November 2022 |
| This Policy was updated | September 2023 |
| This Policy was reviewed: | September 2024 June 2025 February 2026 |
| This policy will be reviewed: | April 2027 |
| 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

- **School will make CAMHS and mast referrals**
- 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

Determining current vulnerability for self harm and/or suicidal ideation

This is a guide at one point in time and needs to be revisited with the child/young person - **THIS DOES NOT REPLACE ORGANISATIONAL RISK ASSESSMENTS**

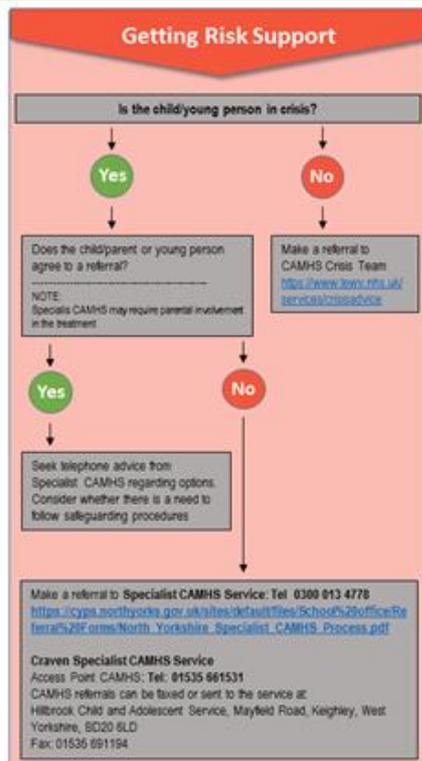
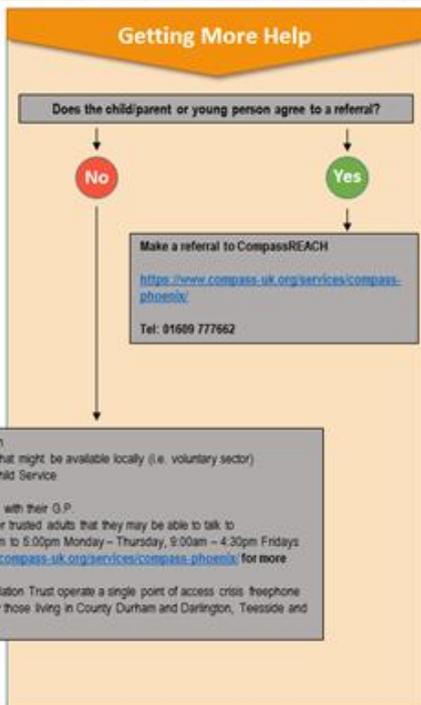
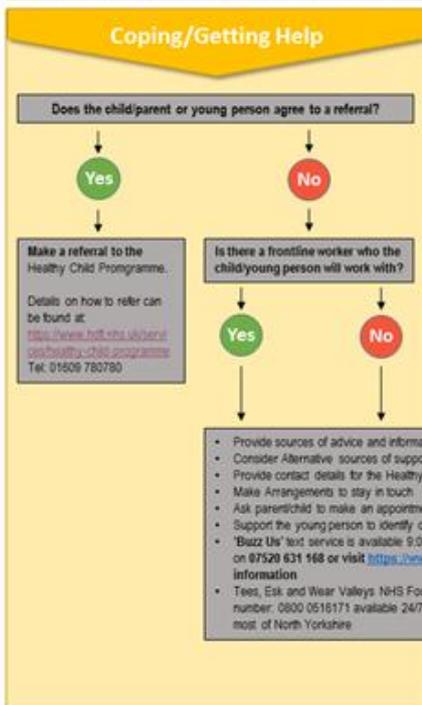
Individual presents with **actual** self-harm

Individual presents with **ideas** of self-harm or suicidal ideation

BE ALERT at every intervention CHECK!

- Do you have safeguarding or child protection concerns? —————> Follow local **Safeguarding procedures**
- Are you concerned that there is an immediate risk to the child or young person's physical health? —————> Call an ambulance (999) or take the child/young person to the nearest A&E department
- Are you concerned that there is an immediate risk that the child or young person will harm themselves or others? —————> Do not leave the child unaccompanied. Call the Police (999).

- Whenever possible, consent should be sought openly and honestly with the child/young person from the outset as to why, what, how and with whom, their information will be shared.
- Consent should be sought where an individual may not expect their information to be passed on. When consent to share has been received it must be explicit and freely given.
- There may be some circumstances where it is not appropriate to seek consent, either because the child/young person cannot give consent, it is not reasonable to obtain consent, or because to gain consent would put a child or young person's safety or well-being at risk. Where a decision to share information without consent is made, a record of what has been shared should be kept.



Use the main pathway document to look at ways you can provide ongoing support to the child/young person and their family

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Definitions of severity and impact

| Getting Advice | Getting Help | Getting More Help | Getting Risk Support | Thrive | |
|---|--|--|--|--|---|
| <ul style="list-style-type: none"> 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. <p>Limited impact on daily life.</p> <p>No prevailing risk taking behaviour</p> <p>May have had thoughts of self-harming but not acted upon them.</p> <p>Has sought help for concerns driving self-harming thoughts.</p> | <ul style="list-style-type: none"> 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 <p>The behaviour is related to personal and social circumstances which might include peer pressure to conform.</p> <p>The 'self-harm' behaviour is not routine.</p> <p>There is no accompanying risk taking behaviour or concerns about the safety to themselves or others.</p> <p>The impact on daily life is minimal.</p> | <ul style="list-style-type: none"> No specific plan or intent Suicide thoughts are frequent but fleeting Previous or recent suicide attempt <p>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.</p> <p>The self-harming is routine and has been taking place over a period of time irrespective of the severity of the self-harming.</p> <p>The behaviour is being used regularly as a coping mechanism.</p> <p>The impact on daily life is moderate.</p> | <ul style="list-style-type: none"> 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 <p>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.</p> <p>The child/young person may (but not in every instance) have a clinical diagnosis of mental health illness or condition.</p> <p>There is evidence that without specialist and/or clinical intervention the severity of the self-harming will escalate.</p> <p>The impact on daily life is high.</p> | <p>Those who need advice and signposting</p> | <p>Those who need focused goals-based input</p> |
| <p>Thriving Those whose current need is support to maintain mental wellbeing through effective prevention and promotion strategies</p> | | | | <p>Getting Advice</p> | <p>Getting Help</p> |
| | | | | <p>Getting Risk Support</p> | <p>Getting More Help</p> |
| | | | | <p>Those who have not benefitted from or are unable to use help, but are of such a risk that they are still in contact with services</p> | <p>Those who need more extensive and specialised goals-based help</p> |

The person supporting the child or young person should take into consideration protective factors:

