SELF-HARM RESPONSE POLICY

Contents

➜ 1. Introduction and Aims of Policy

Recent research indicates that around 10% of young people self-harm at some point, and that this figure is higher amongst specific populations. School staff can play an important role in preventing self-harm and in supporting students, peers and parents currently engaging in self-harm.

This document describes the school's approach to self-harm. This policy is intended as guidance and support for all staff including non-teaching staff ensuring a consistent and caring response.

Aims

- To increase understanding and awareness of self-harm.

- To alert staff to warning signs and risk factors.

- To provide guidance to staff dealing with students who self-harm.

- To promote a team based response to incidents of self-harm.

- To establish and maintain an environment where children feel secure, are encouraged to talk, and are listened to.
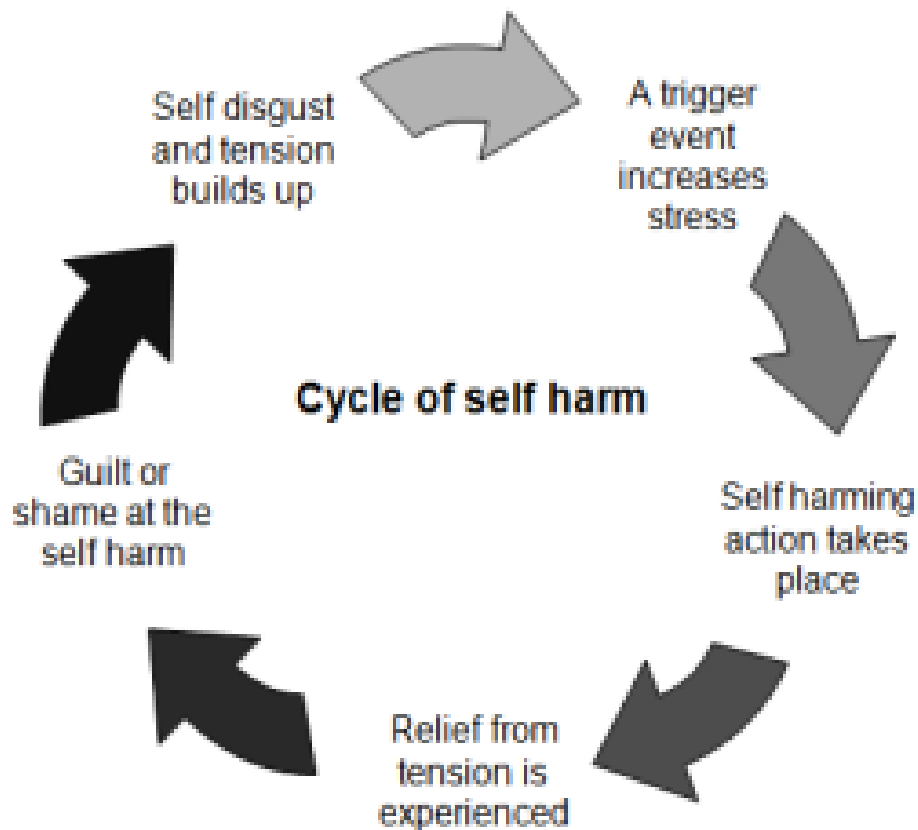
Definition of Self-Harm

Deliberate self-harm is a term used when someone injures or harms themselves on purpose...common examples include overdosing, hitting, cutting, burning oneself, pulling out hair, picking skin'.

Royal College of Psychiatrists (Mental Health and Growing up Factsheet) 2004

➔   2. Understanding Self-Harm

Self-Harm is a way of expressing very deep distress. Often, people don't know why they self-harm. It is a means of communicating which cannot easily be put into words or even into thoughts and has been described as an inner scream. Afterwards, people feel better able to cope with life again, for a while. People who self-harm often conceal what they are doing rather than draw attention to it because they may feel ashamed, afraid, or worried about other people's reactions. Sometimes people exhibit their injuries.   In all cases these are signs of distress to be met with concerned compassion.

Self-harm is a coping mechanism. It is not appropriate to dictate that this behaviour should stop. This pressure may trigger further tension and be more than the person can manage, leading potentially to an increase in self-harming behaviour.

Cycle of self harm

Self disgust and tension builds up

A trigger event increases stress

Self harming action takes place

Relief from tension is experienced

Guilt or shame at the self harm

➜ 3. Risk Factors That Lead to Self-Harm

The following are examples of risk factors, particularly in combination, which may make a young person especially vulnerable to self-harm (see Appendix A: Self-Harm Risk and Vulnerability Index):

- Depression/Anxiety
- Poor communication skills
- Low self-esteem
- Poor problem-solving skills
- Hopelessness
- Impulsivity
- Drug or alcohol abuse
- Bullying
- Academic pressure: under or over achieving
- Family difficulties: divorce, domestic violence, parental illness, poverty
- Abuse: physical, emotional, sexual, neglect
- Bereavement
- Peer group pressure – copycat self-harm
- Mental illness
- Factors to do with sexuality

➔ 4. Identifying Self-Harm

There are several ways in which a staff member might discover that a student is self-harming. A staff member may witness or be informed of student self-harm by the student themselves or a friend. A staff member may suspect a student has self-harmed which may be in need of immediate medical attention, or may be recent or historical. Signs and symptoms are sometimes absent or easy to miss.

It is not uncommon for individuals who self-harm to offer stories which seem implausible or which may explain one, but not all, physical signs. If a student says they are not self-harming or evades the question, you can keep the door open by reminding them that you are always available to talk about anything, should they so wish. Try to stay connected to the student and look for other opportunities to ask, particularly if there are continuing signs that your suspicion is correct.

Below is a non-exhaustive list of some of the behaviours that some people might consider to be self-harm:

- Scratching or picking skin
- Cutting body
- Tying something around body
- Inserting things into body
- Scouring/scrubbing body excessively
- Hitting, punching self
- Pulling out hair
- Over/under eating
- Excessive drinking of alcohol
- Taking non-prescription drugs
- Burning or scalding body
- Hitting walls with head
- Taking an overdose or swallowing something dangerous
- Self-strangulation
- Risky behaviours such as running into the road

Warning signs

School staff may become aware of warning signs which indicate a student is experiencing difficulties that may trigger self-harming behaviour. Possible warning signs include:

- Changes in eating/sleeping habits (e.g. students may appear overly tired if not sleeping well).
- Increased isolation from friends or family, becoming socially withdrawn.
- Changes in activity and mood e.g. more aggressive or introverted than usual.
- Lowering of academic achievement.
- Changes in clothing to cover parts of the body.
- Talking or joking about self-harm or suicide.
- Abusing drugs or alcohol.
- Expressing feelings of failure, uselessness or loss of hope.
- Out of character changes.

➜   5. Staff Roles in Working With Students Who Self-Harm

Students may choose to confide in a member of staff if they are concerned about their own welfare, or that of a peer. School staff may experience a range of feelings in response to self-harm in a student such as anger, sadness, shock, disbelief, guilt, helplessness, disgust and rejection. However, in order to offer the best possible help to students it is important to try to maintain a supportive and open attitude – a student who has chosen to discuss their concerns with a member of staff is showing a considerable amount of courage and trust.

An empathic, calm response is called for. This reduces anxiety and promotes a context of care and support.

If the young person involved has an injury that requires medical treatment, this should be the first response offered; medical room or first aider.

In the case of an acutely distressed student involved in self-harming, the immediate well-being of the student is paramount and the student should be taken to the DSL, or if not available, another Safeguarder.

Students need to be made aware that it may not be possible for staff to offer complete confidentiality. If a member of staff considers a student is at serious risk of harming themselves then confidentiality cannot be kept. It is important not to make misleading promises of confidentiality even if a student puts pressure on.

Any member of staff who is aware of a student engaging in, or suspected to be at risk of engaging in self harm, should inform a Safeguarder as soon as possible and not leave it until the end of the day. Several staff are trained to listen and respond to students who self-harm. Ideally the student will be able to identify a staff member whom they feel comfortable enough with.

Staff members need to monitor and care for their own wellbeing on an ongoing basis. Supporting a child or young person who is self-harming can be upsetting as well as rewarding. It is important for the staff member involved to be aware of their own mental health and to acknowledge any distress they may feel.

SLT need to be careful to ensure that staff members feel they can access appropriate support whenever they need it, but particularly when dealing with these kinds of incidents. Staff can also try some of the self-care techniques to relieve the stress they may feel.

Safeguarders:

New Role: The Self-Harm Response Policy introduces the new role of Safeguarder. This is a member of staff who has undergone training to respond appropriately to students who are self-harming.

Role Title: The title 'Safeguarder' was given careful consideration. Safeguarding is associated with protection and care.

Staff: Staff who have undergone the training include senior staff members, teachers, teaching assistants and non-teaching staff. It is highly likely that an appropriate Safeguarder will be available.

Staff List: A list of Safeguarders/DSL's can be found on the notice board in the foyer. (Appendix C)

Role and Responsibilities:

- Maintain familiarity with the Self-Harm for Safeguarders training.
- Work within limits of competence.
- Record meetings and outcomes using the standard Child Protection procedure.
- Foster a working knowledge of the Procedure for Safeguarders (Appendix A) and Self-harm risk and Vulnerability index (Appendix B).
- Know who to contact should you need to pass on a concern (Appendix C).

REVIEWED: Senior Leadership Team
DATE: SPRING 2026
NEXT REVIEW DATE: SPRING 2027

➔ Appendix A - Procedures for Safeguarding

Information received from or about
a student who is self-harming

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- Meet with student in a quiet, private area
- Explain confidentiality; don't offer misleading promises about confidentiality
- Listen with kindness
- Reassure as appropriate
- Don't ask the student to promise to stop the self-harming behaviour
- Record the meeting and action decided using the Safeguarding system

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Consider risk and vulnerability factors

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Low Risk and Low Vulnerability

Agree with the student an appropriate way forward such as:

- A follow-up meeting with Safeguarder
- Pastoral management intervention
- Employ self-harm information leaflet when appropriate (Appendix C)
- Offer of counselling referral
- Record meeting using the Safeguarding system
- Inform parents/carers unless clear reason not to, ideally with students' consent. In some low risk instances students may be given 24hrs to have conversations with parents themselves.

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Moderate risk/High risk and vulnerability

- Help from Nurse, First Aider, Emergency services (administer first aid)
- Consult with Pastoral Manager, or member of wider safeguarding team or SLT
- Inform parents/carers unless clear reason not to, ideally with student's consent
- Record meeting using the Safeguarding system and follow safeguarding procedures where necessary

➔ Appendix B - Self-Harm and Vulnerability Index

Risk Level	LOW	MODERATE	HIGH

Severity and Risk	➔ Surface scratching
	➔ Infrequent verbal reference to death and dying or self-harm "Joking"
	➔ Copycat behaviour
	➔ Mood changes
	➔ CYP directs anger at self-writing, drawing and language consistently expresses high levels of anger/sadness/fear
		➔ More serious incidents of self-harm, not requiring medical attention (e.g.: cigarette burn, cutting, bruising)
		➔ Over interest and identification with death/dying – including internet, music etc.
		➔ Increase in drug or alcohol misuse
		➔ Withdrawal from normal /habitual social contact
		➔ Unpredictable behaviour
		➔ Pulling hair out (bald patches)
		➔ Evidence of bulimic tendencies or other eating disorders
		➔ Concealing of weight loss
		➔ Parent/carer concern regarding mood, isolation etc.
		➔ Extreme anxiety
			➔ Self-harm requiring medical attention
			➔ Increased frequency /severity of self harm incidents
			➔ Suicidal ideation – could be identified by:
			  - Parental knowledge
			  - Family and Friends reports
			  - School incidents
			  - Use of specific social networks (Internet)
			➔ Significant harm resulting from eating disorder. Eg: fainting, collapse, refusing to eat, medical condition

Vulnerability	➔ Low self esteem Short term behaviour disturbance ➔ Mild over activity/inattention ➔ Wetting/soiling ➔ Subject of ridicule and teasing by peers ➔ CYP cannot sustain friendships ➔ Family experiencing divorce /separation ➔ Short term crisis in family ➔ Young carer with support ➔ Teenage parent with support ➔ Parent/carer with mental health issues	➔ CYP living in split homes (2 or more) ➔ CYP living across LA/PCT boundaries ➔ CYP living in habitually moving families ➔ Death of parent or significant family member ➔ Homelessness ➔ History of not keeping appointments ➔ CYP has a disability ➔ Young carer without support Teenage parent without support ➔ Excluded from school or non-attendance ➔ Black or minority ethnic (BME) groups ➔ Subject to bullying ➔ Domestic violence in the home ➔ Attention Deficit/Autistic Spectrum (ADHD/ASD) ➔ Low levels of social support ➔ Break up of CYP's relationship /peer relationship	➔ Previous suicide attempts ➔ Looked after child (LAC) ➔ Learning disability (LDD) ➔ Subject to child protection plan ➔ Chronic neglect ➔ Life limiting illness/in receipt of palliative care ➔ In detention or recently discharged ➔ Asylum seeking CYP ➔ Young offenders ➔ Parent/carer with medical health/substance misuse problems ➔ Subject of systematic bullying (including cyber bullying) ➔ Violent or criminal behaviour towards others ➔ Victim of crime/abuse ➔ Witness to/involved in suicide of another

➜ Appendix C - Safeguarders Contact List

In the first instance contact a Safeguarder

Noreen Khan	Head of Centre/DSL
Paul Dearden	Deputy Head/DDSL/First Aider/Mental Health First Aider
Adeel Kean	Assistant Head/DDSL/Mental Health First Aid/First Aider
Deb Burton	DDSL
Emily Hales	First Aider
Amer Karim	Safeguarder
Cameron B-Simmons	Safeguarder
Ann Hardy	Safeguarder
Stephe Williams	Safeguarder

If emergency medical attention is needed call 999

Appendix D - Self Harm in School Risk Assessment

General Risk assessment for students who are self-harming

Management of Health and Safety at work regulations: General Risk Assessment

Name of establishment: IncludEd Learning

Ref no RA

Name of person completing the RA: Noreen Khan

Date: 06.09.25

If named person not available then please contact: Paul Dearden/Adeel Kean

Student's name: Whole School / All Students

Using this form: Delete/amend as applicable. Consider the specific self-harm methods and potential problems known to be relevant for the student and eliminate those that are not applicable at the current time. Use toolkit resources, e.g. Safety Plan ❻a, ⓬g, and online self-help ❿a, to supplement mitigation for each risk.

Statement: We have previously met and developed a safety action plan with you { *name of student*} and {*names of other parties, parents etc*} and discussed how to support you to manage your risk of self-harm in school. The purpose of this meeting is to discuss the risks to you, to other pupils and staff in the light of your self-harming on the school site and decide what measures can be taken so that these risks can be reduced or eliminated.

Potential problem	Risk	Measures to reduce the risk	Applicable for this student? Specific measure agreed
1. Dangerous implements such as blades being brought into school (and/or other methods of self harm e.g. medication) pose a risk in the school setting	- Serious injury to self, other students or staff at school - risk - inadvertently accessing implements, pills etc.) - Staff/others may inadvertently hurt themselves e.g. if implement hidden in a bin	- Student is reminded of School's behaviour policy and zero tolerance to such items being brought into school. - Student will be asked to present themselves at main door/office and be asked to show that bag/pockets do not contain such items.	
2. Student self-harming on the school site between lessons and at break and lunch time	- Serious injury to self and related impact on other students and members of staff. - The student becomes increasingly socially isolated and withdrawn; spiral of self- harm increases. - Financial cost and impact of staff resource to escort student/ supervise student is not sustainable.	- Student is explained to them the impact of self-harming on school site and is expected to take themselves to a trusted member of staff if they feel that they may self-harm. - Student may be forbidden to enter specific sites/locations, - Student is expected to use the coping strategies that they have been given and/or contact the health professionals from whom they are receiving treatment. - Student is expected to share issues with appropriate adults, not peers. - Student must be open with parents and discuss/agree the actions they will take if they feel at risk in the morning and notify the school - If necessary school will ask parent/carer to collect student from school.	

3. Student leaves the classroom during the lesson, possibly in order to self-harm.	- Student may 'run away' / abscond in school to carry out the urges to self-harm, without any consideration for their own or others' safety. - While unsupervised, the student may self-harm. - Staff deployed to seek out student (*in pairs*) - physical and emotional risk to them. - Financial cost and impact of staff resource to escort students / supervise student is not sustainable.	- Student has explained to them the impact of self harming on school site and is expected to use a Green Card * to take themselves directly to {insert location} if they feel that they may self-harm *or alternative used in your school.* - Student is expected to use the coping strategies that they have been given and/ or use anonymous support resources and/or contact the health professionals from whom they are receiving treatment (describe how this will work in practice). - Student must be open with parents and discuss/agree the actions they will take if they feel at risk in the morning and notify the school - If necessary school will ask-parent/carer to collect the student from school.	
4. Student's negative behaviour is being reinforced or encouraged in school e.g. by friendship group, other peers, social media.	- Student is finding it very difficult to break out of the cycle of self-harming and/or implement safety plan and coping strategies.	- Identify other students that might require support and/or education about self-harm and how they can support their friend. - Enforce social media policy/self-harm policy Incorporate self-harm specific teaching/training for year group. - School will consider and seek professional advice on best approach for groups of peers.	
5. Student is targeting other vulnerable students to draw them into self harming	- Self-harming culture created: increased numbers of students involved. - Higher risks to personal and general safety.	- School will consider and seek professional advice on best approach for safeguarding other students. (consult self-harm toolkit). - Student is expected to share issues with appropriate adults, not peers.	

6. Student unable to engage with education	- Student does not achieve full potential. - Reduction in social, community and pastoral support	- Student expected to engage in all forms of academic and pastoral support within and beyond the school including in-house mentoring programme, CAMHS, Kooth, Outreach Support.	
7. Student may attempt to leave, or leave the school site in order to self-harm	- Leading to escalation of self-harming serious injury to self and exposure to vulnerable situations. - Self-harming takes place away from school.	- Student expected to engage in all forms of academic and pastoral support within and beyond the school. - Parents must be contactable if a student is discovered to have left the school site / not arrived at school in the morning.	
8. Student discloses suicidal thoughts and intent to staff or others in school	- Student may attempt to take his/her own life while on the school site. - Student may leave school and act on suicidal ideation. - Student may have made specific plans. - In a medical emergency, i.e. the student is unconscious / having difficulty breathing / have taken an overdose or there is severe bleeding call 999.	- Devise/use School Suicide Prevention Plan (ref Papyrus document; assess and mitigate access to higher-risk environments e.g. stairwells, balcony areas. - Follow direct questioning and training to determine level of risk (use direct questions about suicidal thoughts). - Signpost to support and devise/ follow individual safety plan. - Parents/carers contacted to advise them of thoughts /intent. - Seek urgent medical advice e.g. phone CAMHS, GP or 999.	
9. School trips	- A student may attempt to self-harm or abscond while on a school visit. - The student might experience unexpected triggers that increase	- A safety plan to cover the school trip may be required. Consider assigning a first aid trained designated person to accompany on the visit.	

	the urge to self-harm. - The student has reduced opportunities to implement coping strategies.	- The self-harm safety plan should be reviewed to consider the specific circumstances on the trip and appropriate coping strategies considered. - Residential visits require a bespoke Risk Assessment completed prior to departure including full agreement from school, GP or other health professional and Parent/carer.	

Signed:: ....(Student) Date:...............................

Signed:: ....(Member of staff) Date:...............................

Signed:: ....(Parent/ Carer) Date:.........................