Responding to Incidents of Self-Harm Policy

Related documents: First Aid Policy, Safeguarding & Child Protection Policy, Relationship & Sex Education Policy

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OUR VISION

Our vision is to provide pupils with the confidence, skills and ambition to achieve a successful and productive life. We aim to ensure they leave the school with a 'new day, new opportunity' ethos and are capable of becoming positive members of their communities. To do this, we have 3 principles that underpin our policies, practices and everything we do:

Everyone can learn, achieve and has the potential to be successful

Positive relationships are key to success and are underpinned by mutual trust, respect and caring for one another

We have high expectations in everything we do

Policy owner	WhiteTrees School	**Last review**	July 2026
Date Created	July 2020	**Next review**	July 2027

Legislation and Statutory Guidance

This policy has been drawn up with regard to:

- Keeping Children Safe in Education 2026, Part One, which for the first time names self-harm, suicidal ideation and eating disorders explicitly as matters that may develop into safeguarding concerns, sets out a structured escalation pathway, and requires the Designated Safeguarding Lead to consider whether to inform parents or carers.
- The Relationships Education, Relationships and Sex Education (RSE) and Health Education statutory guidance (DfE, July 2025), mandatory from 1 September 2026, which requires secondary schools to deliver suicide prevention content safely and to have a plan for doing so. Curriculum delivery of this content is set out in our Relationship & Sex Education Policy.
- NICE guideline NG225, Self-harm: assessment, management and preventing recurrence (2022), the current clinical guidance in England.
- The Education (Independent School Standards) Regulations 2014, Schedule Part 3, paragraph 7 (welfare, health and safety of pupils).

This policy also has regard to the Multi Agency Guidelines for Professionals Working with Children and Young People Who Self-Harm (January 2012), which remains a useful practical resource, alongside the more recent guidance above. This policy should be read alongside our First Aid Policy and Safeguarding & Child Protection Policy.

Introduction

The main aim of this model guidance is to provide support for staff working in schools supporting children and young people who are either self-harming or at risk of self-harm or suicide. This will ensure a consistent, caring and appropriate response.

The guidance aims to support school staff to feel confident, informed and able to support children and young people most at risk.

The guidance will ensure that staff know whom they should inform, which agency should be contacted and what steps need to be initiated if deliberate self-harm is witnessed or suspected.

This will ensure a coordinated response which includes provision of adequate support for the pupil, other pupils who have witnessed or know about the self-harm, and members of staff who may be experiencing significant shock or distress following a pupil's disclosure or the discovery of self-harm.

The guidance outlines model processes for managing self-harm in schools, in a crisis situation and where a pupil is not in immediate need of medical attention or on return to school following a crisis situation.

The guidance outlines best practice and identifies tools, techniques and practical ideas. In line with Keeping Children Safe in Education 2026, self-harm, suicidal ideation and eating disorders are treated as matters that may develop into safeguarding concerns, and are recorded and escalated accordingly. The following principles underpin this policy:

- Duty of care is, as always, paramount.
- The child or young person is central to the whole process and should be given appropriate priority by all involved.
- All school colleagues will adhere to a consistent response to and understanding of self-harm.
- The emotional wellbeing and mental health of the child and young person must be supported, and harm minimised.

- The child or young person will be supported to access service(s) which will assist the child or young person with opportunities and strategies for hope and recovery from the effects of self-harming and the risk of future harm minimised.

Model Process for Managing Self-Harm in Schools in a Crisis Situation

This applies where a staff member witnesses or is informed that a pupil has self-harmed (by the pupil themselves or a friend), or suspects a pupil has self-harmed and is in need of immediate medical attention.

1. Contact emergency services immediately if the injury is life threatening or the pupil is suicidal.
2. Locate the pupil, call for help from a colleague, and administer first aid.
3. Keep calm and give reassurance, to the individual pupil and to those who might be affected by witnessing the self-harm, both staff and pupils.
4. Liaise with the DSL, who will liaise with appropriate external agencies.
5. Inform parents/carers (WhiteTrees home can be informed by the DSL on CPOMS) unless there is a clear reason not to.
6. Follow safeguarding procedures if necessary.
7. The Deputy Head and key staff adapt the individual risk assessment and action plan accordingly, ensuring all staff who work with the pupil are fully aware of any changes or updates.

If the pupil is taken to hospital, emergency protocols for treatment and care will be implemented, and a CAMHS referral will be activated by the hospital. On the pupil's return to school, their risk assessment and action plan will be modified and adapted accordingly, and this will be shared with the pupil where appropriate.

Model Process for Managing Self-Harm in Schools (Not in Need of Urgent Medical Treatment, and Return to School)

This applies where a staff member suspects recent or previous pupil self-harm not in need of treatment, a pupil shows signs and symptoms, there is self-disclosure or peer disclosure of thoughts of self-harm, self-disclosure or peer disclosure of recent or previous self-harm not in need of treatment, or a pupil returns to school following a crisis.

Where the situation is high risk or a crisis, refer to the crisis situation process above instead.

For low or medium risk situations:

8. The staff member logs the concern on CPOMS, alerting the DSL.
9. The DSL assesses risk with the information available and makes a decision about the relevant course of action, which may include identifying the most appropriate member of staff to meet with the pupil.
10. The staff member meets with the pupil and discusses supportive strategies, setting an action plan with the pupil where appropriate.

Responding to Incidents of Self-Harm

- Explain confidentiality.
- Inform parents/carers unless there is a clear reason not to.
- Follow safeguarding procedures if necessary.

- Involve parents/carers and other professionals as necessary or appropriate.
- Encourage and help the pupil and family to access services.
- Refer to the Interventions Team if appropriate.
- Encourage parents/carers to take the pupil to the doctor for a CAMHS referral.
- Consult with colleagues if necessary.
- Debrief with the DSL or senior colleagues and set a professional action plan if necessary.
- Consult with relevant health or social care practitioners if necessary.
- Ensure all necessary information is kept recorded and up to date on CPOMS.

Identifying Self-Harm

There are several ways in which a staff member might discover that a pupil is self-harming. A staff member may witness or be informed of pupil self-harm by the pupil themselves or a friend. A staff member may suspect a pupil has self-harmed which may need immediate medical attention, or may be recent or historical. A pupil might self-disclose self-harm, recent or previous, or a friend may disclose information. A pupil may disclose thoughts of self-harm or a friend may disclose this.

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 pupil 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 pupil 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 or scrubbing body excessively
- Hitting, punching self
- Pulling out hair
- Over or 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

As most self-harm is privately or secretly carried out it can be hard to notice that a young person is self-harming, but some signs to look out for are:

- Changes in clothing to cover parts of the body, for example wearing long sleeved tops
- Reluctance to participate in previously enjoyed physical activities, particularly those that involve wearing shorts or swimsuits, for example
- Changes in eating and/or sleeping habits
- Changes in consumption of drugs or alcohol
- Changes in levels of activity or mood
- Increasing isolation from friends or family

Source: Multi Agency Guidelines for Professionals Working with Children and Young People Who Self-Harm, January 2012.

Confidentiality

There should be clear explanations about what is going to happen and the choice and rationale for certain courses of action.

It is important not to make promises of confidentiality that you cannot keep.

Staff should tell a child or young person when they may have to share information without their consent.

Information given to staff by a pupil should not be shared without the child or young person's permission except in exceptional circumstances.

Such exceptional circumstances will include:

- A child is not old enough or competent enough to take responsibility for themselves.
- Urgent medical treatment is required.
- The safety and wellbeing of a child or young person is at risk, or there is the possibility of harm to others, for example child protection or suicide.
- By virtue of statute or court order.
- For the prevention, detection or prosecution of serious crime.

If there is reasonable professional concern that a child may be at risk of harm, this will always override a requirement to keep information confidential. If a child or young person reveals they are at risk, staff should follow the school's safeguarding process immediately.

Assessing Risk

There is a need to initiate a prompt assessment of the level of risk self-harm presents.

Unless the pupil is in obvious emotional crisis, kind and calm attention to assuring that all physical wounds are treated should precede additional conversation with the pupil about the non-physical aspects of self-harm.

Questions of value in assessing severity might include:

- Where on your body do you typically self-harm?
- What do you typically use to self-harm?
- What do you do to care for the wounds?
- Have you ever hurt yourself more severely than you intended?
- Have your wounds ever become infected?
- Have you ever seen a doctor because you were worried about a wound?

Collecting basic information is also important in determining the need for engagement of outside resources. Questions might include aiming to assess: history, frequency, types of method used, triggers, psychological purpose, disclosure, help seeking and support, and past history and current presence of suicidal ideation and/or behaviours.

In general, pupils are likely to fall into one of two risk categories:

Low risk pupils

Pupils with little history of self-harm, a generally manageable amount of stress, and at least some positive coping skills and some external support.

Higher risk pupils

Pupils 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.

Logging Incidents

It is vital to log all incidents of self-harm. All information should be logged on CPOMS as soon as practicably possible.

Supporting the Pupil

Supporting someone who self-harms can be very difficult and challenging. It can create many feelings, including fear, anger, frustration, helplessness and sadness.

It is very important that people supporting the young person are in turn supported, for example by friends, colleagues and managers, to help them deal with their feelings.

The most important thing is to take the concerns of the young person seriously, no matter how petty or frivolous they may appear.

Source: Multi Agency Guidelines for Professionals Working with Children and Young People Who Self-Harm, January 2012.

Staff have access to the school's staff mental health first aid worker and will also be provided with termly supervision meetings with their line managers. Furthermore, all school staff also have access to the Employee Assistance Programme. Senior management also have an open door policy where staff can come in and discuss any concerns as and when they need to.

An information sheet for young people who self-harm is included below, along with a list of useful websites and phone numbers.

Information Sheet

Adapted from the Multi Agency Guidelines for Professionals Working with Children and Young People Who Self-Harm, January 2012.

What is self-harm?

Self-harm is where someone does something to deliberately hurt him or herself. This may include cutting parts of their body, burning, hitting or taking an overdose.

How many young people self-harm?

Rates of self-harm among young people in the UK have risen significantly over the past decade, and current figures are notably higher than those recorded when this guidance was first published. Staff should refer to current NHS and OHID surveillance data, referenced in our Legislation and Statutory Guidance section, rather than the historical figures previously quoted here.

Why do young people self-harm?

Self-harm is often a way of trying to cope with painful and confusing feelings. Difficult things that people who self-harm talk about include:

- Feeling sad or feeling worried
- Not feeling very good or confident about themselves
- Being hurt by others, physically, sexually or emotionally
- Feeling under a lot of pressure at school or at home
- Losing someone close, this could include someone dying or leaving

When difficult or stressful things happen in someone's life, it can trigger self-harm. Upsetting events that might lead to self-harm include:

- Arguments with family or friends
- Break up of a relationship
- Failing, or thinking you are going to fail, exams
- Being bullied

Often these things build up until the young person feels they cannot cope anymore.

Self-harm can be a way of trying to deal with or escaping from these difficult feelings. It can also be a way of showing other people that something is wrong in their lives.

How can you cope with self-harm?

Replacing the self-harm with other safer coping strategies can be a positive and more helpful way of dealing with difficult things in your life.

Helpful strategies can include:

- Finding someone to talk to about your feelings, this could be a friend or family member
- Talking to someone on the phone, you might want to ring a helpline
- Sometimes it can be hard to talk about feelings; writing and drawing about your feelings may help
- Scribbling on and/or ripping up paper
- Listening to music
- Going for a walk, run or other kinds of exercise
- Getting out of the house and going somewhere where there are other people

- Keeping a diary
- Having a bath or using relaxing oils, for example lavender
- Hitting a pillow or other soft object
- Watching a favourite film

Getting help

In the longer term it is important that the young person can learn to understand and deal with the causes of the stress that they feel. The support of someone who understands and will listen to you can be very helpful in facing difficult feelings.

- At home: parents, brother or sister, or another trusted family member
- In school: school counsellor, school nurse, teacher, teaching assistant or other member of staff
- GP: you can talk to your GP about your difficulties and they can make a referral for counselling

Useful helplines and websites include:

- Samaritans. Call 116 123 (free, 24 hours a day, every day). Email jo@samaritans.org
- Shout. Text 85258 for free, confidential, 24/7 crisis text support.
- Papyrus HOPELINEUK. Call 0800 068 4141 (9am to midnight, every day) or text 07860 039967. www.papyrus-uk.org
- Childline. Call 0800 1111. www.childline.org.uk
- YoungMinds Parents Helpline. Call 0808 802 5544 (Monday to Friday, 9.30am to 4pm) for parents and carers. Young people in crisis can text YM to 85258. www.youngminds.org.uk
- Mind Infoline. Call 0300 123 3393 (Monday to Friday, 9am to 6pm). www.mind.org.uk
- Self Injury Support and SelfharmUK, for information and support specific to self-harm. www.selfinjurysupport.org.uk and www.selfharm.co.uk
- Youth Access, for local youth counselling and advice services. www.youthaccess.org.uk

My friend has a problem, how can I help?

- You can really help by just being there, listening and giving support.
- Be open and honest. If you are worried about your friend's safety, you should tell an adult. Let your friend know that you are going to do this and you are doing it because you care about them.
- Encourage your friend to get help. You can go with them or tell someone they want to know.
- Get information from telephone helplines, websites, the library and so on. This can help you understand what your friend is experiencing.
- Your friendship may be changed by the problem. You may feel bad that you can't help your friend enough, or guilty if you have had to tell other people. These feelings are common and don't mean that you have done something wrong or not done enough.
- Your friend may get angry with you or say you don't understand. It is important to try not to take this personally. Often when people are feeling bad about themselves, they get angry with the people they are closest to.
- It can be difficult to look after someone who is having difficulties. It is important for you to find an adult to talk to, who can support you. You may not always be able to be there for your friend, and that's okay.

Engaging Families

Where appropriate, the pupil should be encouraged to call his or her parents to talk about what has happened. The DSL should also talk to the parent or carer. In the event that a pupil is reluctant to contact their parents, school staff must take responsibility and alert parents that their child may be at risk of harming themselves in the future.

It is recommended that the school provides parents with both community and web based resources for understanding and effectively addressing self-injury.

The school should expect to see a wide range of reactions from parents and carers. Some will respond quickly and favourably, but others may need more time and help in coping with their thoughts and feelings.

What if parents feel guilty? Parents may think their child is self-harming because of something that they did or did not do as a parent. If parents seem to be struggling with guilt or frustration, it may be helpful to remind them that they can also get counselling for themselves at this time.

What if parents are dismissive? The school's role is to encourage parents to be more responsive to their child's needs.

What if the parents are cross? The school's role is to encourage parents to try and understand what their child might be going through, recognise that their child is suffering, and approach their child from a non-judgemental stance.

How should we deal with parents that have extreme reactions? The school's role is to gently suggest that the parents seek outside counselling or support services.

How can we encourage collaboration? Schools must encourage parents and pupils to see and use school staff as resources.

What if the parents are absent or unable to act as a resource and advocate for their child? The school must take the initiative and act as an advocate for the pupil.

Whilst it is important to validate parents' reactions, it is worth remembering that certain parental attitudes towards self-harm can promote, trigger or maintain the behaviour.

Fact Sheet for Parents and Carers on Self-Harm

Adapted from the Multi Agency Guidelines for Professionals Working with Children and Young People Who Self-Harm, January 2012.

It can be difficult to find out that someone you care about is harming himself or herself. As a parent or carer you may feel angry, shocked, guilty and upset. These reactions are normal, but what the person you care about really needs is support from you. They need you to stay calm and to listen to them. The reason someone self-harms is to help them cope with very difficult feelings that build up and which they cannot express. They need to find a less harmful way of coping.

What is self-harm?

Self-harm is any behaviour, such as self-cutting, swallowing objects, taking an overdose, hanging or running in front of cars, where the intent is to deliberately cause harm to self.

How common is self-harm? Self-harm among young people has increased significantly over recent years. Current prevalence data should be sourced from NHS and OHID surveillance rather than historical figures, given how much this picture has changed.

Is it just attention seeking?

Some people who self-harm have a desire to kill themselves. However, there are many other factors which lead people to self-harm, including a desire to escape, to reduce tension, to express hostility, to make someone feel guilty, or to increase caring from others. Even if the young person does not intend to commit suicide, self-harming behaviour may express a strong sense of despair and needs to be taken seriously. It is not just attention seeking behaviour.

Why do young people harm themselves?

All sorts of upsetting events can trigger self-harm. Examples include arguments with family members, break up of a relationship, failure in exams or bullying at school. Sometimes several stresses occur over a short period of time and one more incident can be the final straw.

Young people who have emotional or behavioural problems or low self-esteem can be particularly at risk from self-harm. Suffering a bereavement or serious rejection can also increase the risk. Sometimes young people try to escape their problems by taking drugs or alcohol. This often only makes the situation worse. For some people, self-harm is a desperate attempt to show others that something is wrong in their lives.

What can you do to help?

Try to:

- Keep an open mind
- Make the time to listen
- Help them find different ways of coping
- Go with them to get the right kind of help as quickly as possible

Some people you can contact for help, advice and support are:

- Your family doctor
- School Health Nurse or Health Visitor

See also the helplines listed earlier in this policy.

Whole School Education and Awareness

Provision of Support for Other Pupils Who Have Witnessed or Know About Self-Harm

Social contagion refers to the way in which behaviour like self-harm can spread among members of a group.

The risk for contagion is increased when high status or 'popular' pupils are self-harming, or when self-harm is used as a means for pupils to feel a sense of belonging to a particular group.

To prevent social contagion in schools, staff must reduce communication around self-harm. If a pupil is self-harming, they should be advised not to explicitly talk with other pupils about engaging in self-harm. Staff should also help pupils manage scars and wounds, and visible scars, wounds and cuts should be discouraged.

To prevent social contagion, pupils must not be given explicit details about self-harm. This means that holding a whole school assembly is not appropriate. However, educating pupils about signs of distress in themselves and others, as well as teaching the use of positive coping skills, is appropriate. This is most effective as part of a programme of PSHE education which incorporates aspects of children and young people's emotional wellbeing and mental health.

Provision of Support for Members of Staff Who May Be Experiencing Shock or Distress Following Disclosure or Discovery of Self-Harm

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. Line managers 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 Training

All school staff receive training around self-harm, via EduCare and external and internal training. All school staff are aware of who the DSL is and what that role is with regards to pupil self-harm. Training content is reviewed to ensure it reflects Keeping Children Safe in Education 2026 and the RSHE statutory guidance's expectations for staff confidence in discussing suicide and self-harm safely.

Staff can access more training and courses via CPD and can identify this as part of their performance management targets, to support accessing further training in this area.

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