



# Self-Harm Policy

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**We do things differently.....**

**H.E.R.E**

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## Introduction

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 and also in supporting students, peers and parents of students currently engaging in self-harm.

This document describes the school's approach to self-harm. This policy is intended as guidance for all staff including non-teaching staff and governors.

## Aims

To increase understanding and awareness of self-harm. To alert staff to warning signs and risk factors. To provide support to staff dealing with students who self-harm. To provide support to students who self-harm and their peers and parents/carers.

## Definition of Self-Harm

Self-harm is any behaviour where the intent is to deliberately cause harm to one's own body for example:

- Cutting, scratching, scraping or picking skin.
- Swallowing inedible objects.
- Taking an overdose of prescription or non-prescription drugs.
- Swallowing hazardous materials or substances.
- Burning or scalding.
- Hair-pulling.
- Banging or hitting the head or other parts of the body.
- Scouring or scrubbing the body excessively.

It is imperative to note that self-harm is almost never a behaviour choice, but rather a compulsive action in response to intrusive thoughts, which are a symptom of a wider issue affecting an individual's mental health, and should be treated as such.

### **Risk Factors**

The following risk factors, particularly in combination, may make a young person particularly vulnerable to self-harm:

- Hopelessness.
- Lack of opportunity to exercise control or take responsibility for aspects of their life
- Impulsivity.
- Drug or alcohol abuse.

### **Individual Factors**

- Depression / anxiety and other mental health issues which include intrusive thoughts as a symptom.
- Poor communication skills.
- Low self-esteem.
- Poor problem-solving skills.
- Difficulty managing strong emotions

### **Family Factors**

- Unreasonable expectations.
- Neglect or physical, sexual or emotional abuse.
- Poor parental relationships and arguments.
- Depression, self-harm or suicide in the family.

### **Social Factors**

- Difficulty in making relationships / loneliness.
- Being bullied or rejected by peers.

### **Warning Signs**

School staff may become aware of warning signs which indicate a student is experiencing difficulties that may lead to thoughts of self-harm or suicide, or may actually be self-harming. These warning signs should always be taken seriously and staff observing any of these warning signs should seek further advice from one of the designated teachers for safeguarding children. Possible warning signs include:

- Changes in eating / sleeping / exercise habits (e.g., student may appear overly tired if not sleeping well). Self-harm is sometimes a symptom of an eating disorder or body dysmorphia.
- 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 to dress: wearing long sleeves or thick tights/leggings regardless of weather, refusing to change into PE kits or remove items of clothing in front of other pupils

- Changes in the way they talk about self-harm or suicide, for example beginning to avoid discussing it, or increased mention of it in conversation and work.
- Abusing drugs or alcohol.
- Expressing feelings of failure, uselessness, loss of hope or lack of control over aspects of their life.

## **Staff Roles**

Students may choose to confide in a member of school 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 maintain a supportive and open attitude – a student who has chosen to discuss their concerns with a member of school staff is showing a considerable amount of courage and trust.

It is important for the staff member to keep at the forefront of their mind that self-harm is only very rarely a behaviour choice – the urge to self-harm is a compulsion which is symptomatic of a larger issue. The traditional assumption that “cry for help” and “attention-seeking” are synonymous is to be discarded – significant numbers of students who self-harm suffers such low self-esteem that they will express surprise that someone noticed.

Students need to be made aware that it may not be possible for staff to offer complete confidentiality. If you consider a student is at serious risk of harming themselves then confidentiality cannot be kept. It is important not to make promises of confidentiality that cannot be kept even if a student puts pressure on you to do so. Any member of staff who is aware of a student engaging in or suspected to be at risk of engaging in self-harm should report this using CPOMS.

Following the report, the DSL will decide on the appropriate course of action. This may include:

- Contacting parents / carers.
- Referral to the SMART Room.
- Arrange professional assistance.
- Arrange an appointment with a counsellor.
- Immediately removing the student from lessons if their remaining in class is likely to cause further distress to themselves or their peers.

## **Further Guidance**

In the case of an acutely distressed student, the immediate safety of the student is paramount and an adult should remain with the student at all times. If a student has self-harmed in school, a first aider should be called for immediate help.

It is important to encourage students to let you know if one of their groups is in trouble, upset or showing signs of self-harming. Friends can worry about betraying confidences so they need to know that self-harm can be very dangerous and that by seeking help and advice for a friend they are taking responsible action & being a good friend. They should also be aware that their friend will be treated in a caring and supportive manner. The peer group of a young person who self-harms may value the opportunity to talk to a member of staff either individually or in a small group. Any member of staff wishing for further advice on this should consult one of the designated teachers for safeguarding children.

When a young person is self-harming, it is important to be vigilant in case close contacts with the individual are also self-harming. Occasionally schools discover that a number of students in the same peer group are harming themselves. Motivations for peer group self-harm can be more complex than those of individual students – it is important in these cases to help each student to discover or disclose their motivation in order to provide the most appropriate support.

## **Risk factors for peer self-harm**

Peer pressure – students may engage in self-harm as a form or consequence of risk-taking behaviour in order to appeal to or conform with peers. Examples of this type of peer group self-harm are more likely to involve boys, and are also more likely to have a basis in online “challenges”, or behaviours imitating characters in other media.

Misplaced support – students may join another pupil who is engaging in self-harm as a form of “tough love”, trying to shock their friend out of a self-harming habit by putting themselves at risk. Students may also join another pupil who is engaging in self-harm as a way to show solidarity.

Experimentation – students may join another pupil who is engaging in self-harm, or research and/or attempt self-harm as a group, out of curiosity.