Brompton Hall School

Self Harm Policy

1	Summary	Self Harm Policy
2	Responsible person	Sarah Nicholson
3	Accountable SLT member	Josh Dudding
4	Applies to	☒All staff ☐Support staff ☐Teaching staff
5	Who has overseen development of this policy	Katie Troake & Claire Goodaire and Laura Carr
6	Who has been consulted and recommended policy for approval	Chair of the IEB
7	Approved by and date	27/02/2026 Terry Johnson
8	Version number	1
9	Available on	Trust website ☐Y ☒N Academy website ☒Y ☐N SharePoint ☒Y ☐N
10	Related documents (if applicable)	• Behaviour Policy • Child Protection & Safeguarding Policy • Equalities Policy • Anti Bullying Policy • Health and Safety Policy • Online Safety Policy
11	Disseminated to	☒Trustees/governors ☒All staff ☒Support staff ☒Teaching staff

12	Date of implementation (when shared)	27/02/2025
13	Consulted with recognised trade unions	☐Y ☒N

Contents

1. Introduction

Governors should ensure they have clear systems and processes in place for identifying possible mental health problems, including routes to escalate and clear referral and accountability systems. (Keeping Children Safe in Education, 2022.) Recent research indicated a sharp rise in the numbers of young people in the UK who engage in self-harming behaviours, and that this figure is higher amongst specific populations, including girls, and young people with special educational needs. Self-harming can be prevalent in friendship groups, and in some social sub cultures. A high number of children and young people on the autistic spectrum self-harm. School staff can play an important role in preventing self-harm and also in supporting students, peers, and parents carers and families of students who are engaging in self-harm. This policy has been put in place to ensure that we have a consistent approach from staff who deal with students who self-harm. It is designed so that those students seeking help will feel secure in knowing how we can deal with them, and to give staff a structure for dealing with self-harm. This policy is designed to support all staff.

2. Scope

The policy applies to all students, staff, parents carers and families; members of the Governing Body in addition to visiting professionals who work with students at Brompton Hall School.

3. Aims of the policy

As a school we have a responsibility to meet the needs of all our students, and it is important that we all know how to best approach the issue of self-harm. This policy aims to:

• To increase understanding and awareness of self-harm

• Alert staff to warning signs and risk factors

• Outline the ways in which we may provide support to students who self-harm, their peers and their parents or carers.

This policy must be read in conjunction with our Child Protection & Safeguarding policy.

4. Definition of self-harm

Self-harm is a sign that a young person is experiencing significant emotional distress (see NICE guidelines). Self-harm is any behaviour where the intent is to deliberately cause harm to ones' own body, without causing death.

• 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

 • Pulling out hair or eyelashes

• Banging or hitting the head or others parts of the body

• Scouring or scrubbing the body excessively

• Biting parts of the body

• Under medicating (insulin)

Self-harm can also be linked to high risk behaviours including:

• Controlled eating patterns such as anorexia, bulimia or over eating

• Indulging in high risk behaviours such as car dodging

• Indulging in high risk sexual behaviours

• Destructive use of alcohol or drugs

• Suicidal ideation or attempts

• Unwanted emotions such as anger and frustration can be reasons for self-harm, which provides an unhealthy but often cathartic release for pent up feelings.

• In the autistic community self-harm can also become a fixed pattern of behaviour, or a way for a young person to show others how they feel.

Some young people plan to self-harm in advance, others do it suddenly. Some young people self-harm only a few times, but others do it regularly, and it can become an entrenched pattern of behaviour. For many young people self-harming is very private and is a form of release that does not attract the attention of others. It can take place in private, be dealt with in private and then covered up with clothing. Other terms that are used to describe self-harming are deliberate self-harm; self-inflicted harm; self-injury; deliberate self-injury. It is important within the context of The SullivanCentre that we use the term self-harm cautiously. Sometimes students within our cohort will engage in sensory seeking behaviours such as skin picking or scratching which are not form of self-harm. It is important that staff use calm contained language with the students around these behaviour and that we do not mislabel sensory seeking behaviour as self-harm.

What can make a young person self-harm?

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

Individual factors

• Depression

• Anxiety

• The need for control

• Poor communication skills

• Low self-esteem or self-worth

• Poor problem solving skills

• Hopelessness

• Impulsivity

• Drug or alcohol abuse

• Having a friend who self-harms

• Eating disorders

• Feeling powerless

Family factors

• Unreasonable expectations

• Neglect

• Physical abuse

• Emotional abuse

• Sexual abuse

• Poor parenting

• Family arguments or poor family relationships

• Depression, self-harm or suicide in the family

• Family breakdown

Social Factors

• Loneliness or social isolation

• Difficulties in making relationships

• Being bullied

• Rejection by peers

• Feeling under pressure due to school or exams

• Feeling the need to socially conform

• Exposure to self-harm via social media

Self-harming can make the young person concerned feel more in control and can reduce their feelings of tension and distress. If they feel guilty it can be a way of punishing themselves and relieving their guilt. Some young people feel better immediately after self-harming and then feel guilty about what they have done.

5. Potential warning signs

School staff may become aware of warning signs which indicate that a student is experiencing difficulties that may lead to thoughts of self-harm. These warning signs should always be taken seriously and staff who observe any of these warning signs must share their concerns with the Designated Safeguarding Lead or one of the Deputy Designated Safeguarding Leads.

Possible warning signs include:

• Changes in eating or sleeping habits

• Changes in behaviour

• Increased isolation from friends or family, becoming more socially withdrawn

• Changes in activity and mood, for example becoming more aggressive or introverted

• Lower academic achievement

• Talking or joking about self-harm or suicide

• Evidence of abusing alcohol or drugs

• Expressing feelings of failure, uselessness or loss of hope

Those who are most likely to harm themselves badly:

• Use a dangerous or violent method of self-harm

• Self-harm regularly

• Are socially isolated

• Have a psychiatric illness

6. What can I do if I know that someone is self-harming?

Young people benefit from a non-judgemental approach from a person who is able to listen to them, foster a good relationship with them and encourage them to establish positive relationships with services (Royal College of Psychiatrists). 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 the self-harm such as anger; sadness; shock; disbelief; guilt; hopelessness; disgust and rejection. However, in order to offer the best help a student to it is important for staff to maintain a supportive, professional and open attitude. Students who talk to staff about their self-harm are showing a great deal of courage and trust, and they should be reassured that they will be helped and supported without being judged. If a young person self-harms in school then a member of Senior Leadership Team must be alerted via face to face or on the telephone, a school first aider needs to be notified to administer first aid. The member of staff with the young person should remove any equipment that they consider to be dangerous if possible. They must stay with the young person until the member of Senior Leadership Team arrives, and together the members of staff will make an immediate plan to ensure the young person's safety.

> Some people are concerned about raising the topic of self-harm. However, research shows that asking about self-harm or suicidal thoughts does not put the idea into people's heads.

Staff will discuss some or all of the areas below with the student who has self-harmed:

• If they have taken any substances or injured themselves;

• Find out what is troubling them;

• Explore how imminent or likely self-harm might be;

• Find out what help or support the child or young person would wish to have;

• Find out who else may be aware of their feelings.

• How long have they felt like this?

• Are they at risk of harm from others?

• Are they worried about something?

• What have they been doing that helps?

• What are they doing that stops the self-harming behaviour from getting worse?

• What can be done in school or at home to help them with this?

• How are they feeling generally at the moment?

• What needs to happen for them to feel better?

Sometimes negative terms are used for self-harm, such as 'attention-seeking' or 'manipulative'. This language is unhelpful and may make it harder for young people to open up or ask for help – some young people do need attention but aren't able to find a positive way to get it. Creating a supportive and non-judgmental atmosphere will make it easier for young people to seek help.

Helpful questions and statements:

To understand why a young person may be self-harming it is important to have an open conversation about their reasons. It can be helpful to convey that you understand some of the functions of self-harm to encourage the young person to open up.

For example, you could say:

"I wonder what are the sorts of things that make you feel like harming yourself?"

If this does not lead to the student opening up, you could for example add,

"Sometimes people self-harm as a way of managing strong and difficult feelings or emotions. I'm wondering if that might be why you hurt yourself?"

Or:

"I know that people self-harm for many different reasons and that they often experience a range of different emotions. I wonder if you are able to help me understand what leads you to self-harm?"

Helpful questions or statements:

"You must be feeling very upset about something. I'd like to help if I can; would it help to talk about what's troubling you?"

"I wonder if you're using self-harm as a way of coping with something that is troubling you?"

"It can feel that self-harm is the only way to cope, but there are other ways. Can I show you some leaflets/websites that suggest helpful ways of coping?"

"Before you go I'd like to give you some information about people you can contact if you feel like self-harming again."

If the self-harm is significant, the DSL or the Deputy DSL should be notified immediately either by phone or in person. They will assess the level of risk that the young person poses to themselves, and will make a plan for immediate support of the young person. Where the self-harm causes serious injury or is in the form or an overdose the emergency services must be called and parents informed immediately. 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. We encourage students who have self-harmed to not display their wounds or injuries and to talk to a member of staff if they are upset or stressed. If staff are emotionally effected by an incident of self-harm or a disclosure about self-harm, they are encouraged to talk to their line manager so that appropriate support can be provided for them. Alternatively staff may wish to contact the Venn support contacts or discuss with Dr Lj Ducksbury, our partner Psychologist.

Managing the immediate effects of self-harm

If a student has self-harmed, there are steps you can take to help.

Management of physical injuries:

- Keep calm and follow first aid guidelines for cuts, wounds or burns

- If you have immediate concerns about the effect of an overdose, or serious physical injuries are present, emergency services should be called

- If an overdose is suspected the student will need to be taken to hospital straight away for tests and possible treatment

- Always ask the student if they are in pain – they may have needed to feel physical pain at the point of self-harm but this doesn't mean they want to feel pain afterwards

- Involve the school nurse where possible to assist with management; they may be able to give pain relief

Helping the young person:

- Identify a key member of staff to whom the young person is willing to speak who can provide a listening ear and non-judgmental support – see box opposite for examples of questions and statements

- Self-harm is often a way of communicating distress – acknowledge this distress and offer to help the young person find the support they need

- Reassure the young person that you understand that self-harm is helping them to cope at the moment

- Remind them that there are less harmful ways of coping (see below)

- Mention sources of help and support, such as calling a helpline or speaking to a GP or family member (see **Resources** at the end of this guide)

Recording incidents of self-harm

All incidents of self-harming should be reported to the DSL or the Deputy DSLs as a matter of urgency. It is paramount that students understand that staff have to share information regarding self harm with appropriate people in school. All members of staff must share information about self-harming behaviours with the Designated Safeguarding Lead (DSL) or the Deputy Designated Safeguarding Lead. Staff must add an account of the self-harm incident onto CPOMS. Information about the self-harming incident will be shared with at debrief at the end of the day with all staff members. Unless the self-harm is linked with problems at home that place the young person at risk of harm, the Designated Safeguarding Lead or Senior Leaders will notify the parents of the student who has self-harmed, and in higher risk cases CAMHS will be informed. We encourage students to report fellow students if they think they are at risk of self-harming or of suicide by speaking to a member of staff.

We encourage parent, carers and families to work in partnership with the school and share any information about their child's self-harming behaviours at home and to support the school's policy on self-harm.

7: **Ligature concerns**

Designated staff will complete a general risk assessment of their base to ascertain potential ligature points. All pupils at risk of self-harm, particularly ligature risk, will have it clearly stated in their Risk Management Plan with a clear response for the staff team. Staff must alert the DSL immediately if a young person uses or threatens a ligature. If a young person consistently threatens or uses ligature, they must be in the presence of a member of staff at all times which will align with their safety plan. Staff must record this on Cpoms.

All pupils at risk of self-harm, particularly ligature risk, will have it clearly stated in their Risk Management Plan with a clear response for the staff team.

Colleagues will complete a risk assessment as care-coordinators and will inform education staff of strategies to manage risk. If a young person is at imminent risk of life through a ligature then it would be best practice for staff to use the ligature cutting equipment which are stored in the main office locked cupboard. Staff should attempt to create airspace immediately using their hands whilst the ligature cutters are collected. Designated staff within the school are trained in how to use the ligature cutting equipment. This is Sarah Nicholson DSL and Al Sutton Behaviour Lead.

A codeword will be used on the walkie talkies to alert somebody to go and get the ligature tools this will be "codered".

Informing and supporting Parents/Carers

Parents/Carers must be informed of a young person's self-harm. Once a Record of Concern is completed, a Designated Safeguarding Lead will inform parents/carers themselves or the principal.

It is also important that parents are provided with appropriate advice and support about how to support their child with self-harm. When talking to parents, we will refer to self-harm guidance for parents/carers:

>   https://youngminds.org.uk/find-help/for-parents/parents-guide-to-support-a-z/parents-guide-to-support-self-harm/

Designated Safeguarding Leads will make a judgment on whether a referral needs to be made to CAMHS with parental consent and alert the social worker if the case is open. A multi-agency approach will be applied to support the young person.

Supporting Friends

In schools, one student's self-harming behaviour can sometimes affect other students. If a student comes to us with concerns about a friend's self-harm, we will reassure them that telling a staff member is the right thing to do and that they have been good friend. We will offer them the opportunity to speak to a trusted member of staff for support who the young person is comfortable talking to. Again, Cpoms record will need to be completed/

How staff will be supported

Within the Venn Academy Trust, there are designated Mental Health First Aiders who are available to support colleagues and offer signposting for external or internal support. We acknowledge the potential difficulties that may arise for staff after having been involved in any level of self-harming behaviour. This can understandably have an impact on you, and it feels important that you know support is available. We would encourage you to acknowledge your feelings and seek support by talking to colleagues or members of your management team. Also looking out for warning signs that your colleagues may have had a difficult experience with regards to self-harm is vital. Checking in with them on a more regular basis would be helpful, if you are very worried about them, please take this to your line manager.

Whole school approach

It is important, as a Trust, that we promote wellbeing and mental health using appropriate resources to all our age groups. Taught predominantly through our PHSE topics, lessons will include focuses on positive mental health, coping strategies and how to look after each other. At Venn Academy Trust we focus on a nurturing and containing environment that promotes resilience in young people, discourages bullying and promotes positive and safe relationships with peers and adults.
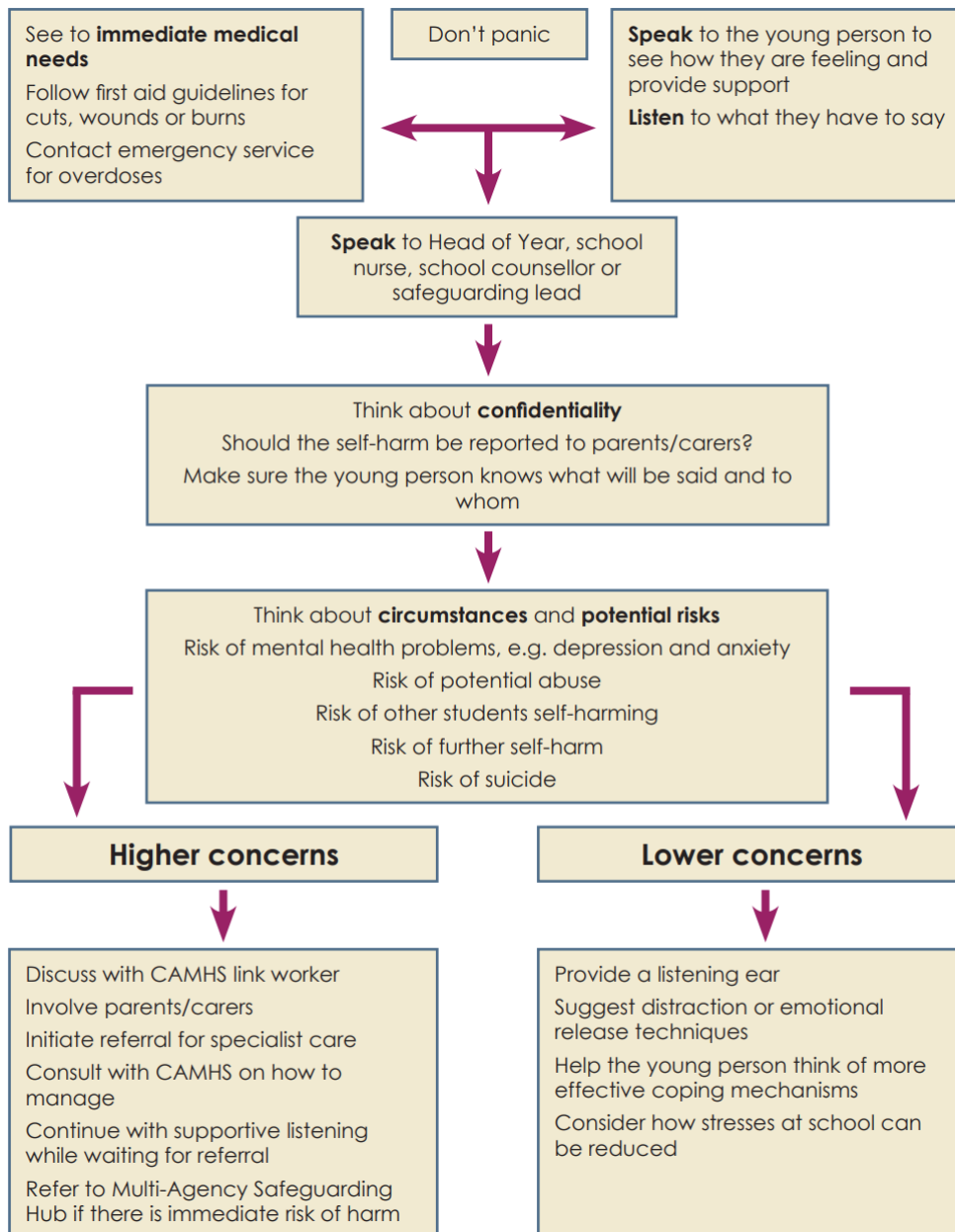
A flow chart can be found in Appendix 1 to support this process.

Useful websites:
- www.kooth.com
- www.childline.org.uk
- www.youngminds.org.uk
- https://www.map.uk.net/get-help/mental-health-andwellbeing/
- https://www.selfharm.co.uk/
- www.harmless.org.uk
- http://epicfriends.co.uk/
- www.neurolove.org
- www.lifesigns.org.uk
- www.recoveryourlife.com

Appendix 1.

See to **immediate medical needs**

Follow first aid guidelines for cuts, wounds or burns

Contact emergency service for overdoses

Don't panic

Speak to the young person to see how they are feeling and provide support

Listen to what they have to say

Speak to Head of Year, school nurse, school counsellor or safeguarding lead

Think about **confidentiality**

Should the self-harm be reported to parents/carers?

Make sure the young person knows what will be said and to whom

Think about **circumstances** and **potential risks**

Risk of mental health problems, e.g. depression and anxiety

Risk of potential abuse

Risk of other students self-harming

Risk of further self-harm

Risk of suicide

Higher concerns

Lower concerns

Discuss with CAMHS link worker

Involve parents/carers

Initiate referral for specialist care

Consult with CAMHS on how to manage

Continue with supportive listening while waiting for referral

Refer to Multi-Agency Safeguarding Hub if there is immediate risk of harm

Provide a listening ear

Suggest distraction or emotional release techniques

Help the young person think of more effective coping mechanisms

Consider how stresses at school can be reduced

Appendix 2

((o)) able training
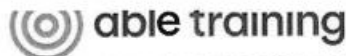
**RISK ASSESSMENT AND MANAGEMENT PLANNING:
SAFEGUARDING SERVICE USERS WHO ARE AT RISK FROM SUICIDE
BY HANGING/STRANGULATION**

This form can be used to guide the risk assessment and management process for service users who are identified as risks of suicide by hanging or strangulation. It should be used with reference to the corresponding policy and with the Ligature Anchor Points Risk assessment.

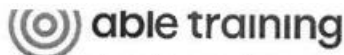| Name and details of service user	

The risk to be assessed

Describe the issues that require a full risk assessment for a possible suicide attempt using ligatures for hanging or strangulation

Assessing the risks: Answer the following

1. What are the behavioural and background features that been identified which require a full ligature risk assessment? (previous threats or attempts, history of mental ill-health etc)	
2. How serious are the risks of the person attempting suicide using ligatures to hang or strangle themself?	
3. How often is the person at risk or likely to be at risk of killing themself in this way?	
4. Under what circumstances might the person attempt this form of suicide?	
5. When is the person most vulnerable to carrying out their intentions?	
6. What are the likely consequences of the person's exposure to identified external risks? (e.g. peer pressures and relationships, internet use, and access to ligatures and ligature anchor points?	
7. How might the various risks add up now or in the future to become so "dangerous" that a serious suicide attempt with ligatures is likely?	

What is the overall assessment of the risks (indicate which)	High (and will need risk control measures in the person's care plan)	Medium (and might need risk alerts or degrees of risk control in the person's care plan)	Low/Minimal/Non-applicable, ie unlikely to be a significant issue in the person's care and support	Summary of the evidence for the risk level(s) identified
Risks posed by:				
The person's current or unpredictable state of mind and mental ill-health	☐	☐	☐	
The lifestyle, habits, social life and sub-	☐	☐	☐	

((○)) able training

cultures, including exposure to influences of e.g. internet and social media				
Specific triggers that are likely to induce suicidal thoughts e.g. current or past events, anniversaries etc.	☐	☐	☐	
Interests in, availability of and procuring of ligatures	☐	☐	☐	
Exposure to environmental risks (ligature anchor points – see separate assessment guide)	☐	☐	☐	
Other (Specify)	☐	☐	☐	

Risk control/management measures to be taken

How should these risks be controlled and managed? Describe:
- objectives, and sought outcomes, eg to improve mental health, to provide close support when under stress
- the actions to be taken including provision of appropriate resources and support
- the timescale for the duration of the plan before review, eg month, three months, until next review, continuous
- the people to be involved with the service user in managing the risks and their responsibilities.

The plans should be included with the person's needs assessment and care plan.

Objectives and sought outcomes	Actions needed	Timescales for the agreed, current risk control measures	Who will be responsible for the risk control measures with the service user?
1.			
2.			
3.			
4.			

Signature and dates

Signature of service user/lawful representative	
Date	
Signature of care manager/keyworker	

Date of plan		Date of next review of the plan	