



Self-harm Policy

Date: November 2025

Review date: November 2026

Approved by Advisory Board: December 2025

Linked with other policies:

- Behaviour
- Safeguarding
- Rewards
- Anti-Bullying

Signed:

A handwritten signature in blue ink, appearing to read 'S. Day'.

Version Control

Version	Date of review/change(s)	Page and paragraphs affected	Summary of update
V1	Nov 21		No changes
V2	Nov 22		No changes
V3	Nov 23	P3	Counsellor changed to once a week
		P4 'Recent Trends'	Statistics and figures updated
V4	Nov 24	P3 School context	[mental health] First Aid – removed. School counsellor once a week now <u>twice</u> a week.
	Nov 25		No changes

Self-harm Policy

Our school is committed to safeguarding and promoting the welfare of students and expects all staff and volunteers to share this commitment. We endeavour to provide a safe and welcoming environment where children are respected and valued. We are alert to the signs of self-harming and follow our procedures to ensure that children receive effective support and protection. The school works in partnership with other children's services.

We know that young people remain concerned with the attitude of front-line professionals who lack understanding of self-harm: 'Unacceptable attitudes and comments of professionals have a negative effect on the ways in which young people access help and support. It is crucial that front-line professionals involved with a young person who self-harms are open minded and compassionate' (Cole-King et al, 2013). Young people benefit from a non-judgemental approach from a person who can listen to them, foster a good relationship with them and encourage them to establish positive relationships with services (Royal College of Psychiatrists).

The procedures contained in this policy apply to all staff, Directors and Advisory Board members, visitors and professionals working with the school.

School Context

Our school provides for those with social, emotional, and mental difficulties (SEMH). Many of our students have diagnoses of ASD, PDA, ADHD, ADD, Anxiety Disorders, FASD, and other related conditions. We also recognise that many students who have difficulties with learning and/or communication also have issues with poor self-esteem and other difficulties.

Most of our children are referred to us and funded through the local authorities. Our age range may vary depending on specific cases; however, most of our young people will range between 7-16 years of age. Most of our children have an Education Health Care Plan.

Our Mental Health Wellbeing champion is Jo Paffett. All staff have undertaken training in Mental Health and we have our school counsellor on site twice a week. Health and Wellbeing awareness makes up a substantial part of a tutor programme and PSHEE lesson content.

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, giving staff a structure for the early identification of self-harming behaviour and for dealing with the problem.

Associated Guidance and Documentation:

1. All Saints School Safeguarding incorporating Child Protection Policy
2. All Saints School Behaviour Policy
3. Keeping Children Safe in Education, DfE
4. Working together to safeguard children, DfE
5. All Saints School Safe Touch Guidelines

What is self-harm?

The nature and meaning of self-harm vary greatly from child to child and the reason or trigger for each action may differ on each occasion. Essentially though, self-harm is any behaviour where a person intentionally sets out to harm themselves. This may be an impulsive act or may be planned.

Self-harm is a relatively common problem that is frequently misunderstood and kept hidden, therefore it is not surprising that myths and stereotypes have grown around the subject. Most commonly there is a belief that self-harm is an 'attention seeking behaviour'.

Given that most self-harm is carried out in private and over a long period before help is sought, it is hard to give credence to this perception. Another belief is that self-harm is something that groups of students do together. Whilst it is important to be aware that within friendship groups, some individuals may self-harm, it is rare that students self-harm in front of others.

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" students are self-harming or when self-harm is used as a means for students to feel a sense of belonging to a particular group.

Self-harm is a term that is used to describe a range of actions and behaviour. It is important to be aware of signs that a student is self-harming. 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
- Hitting walls with head and/or fist
- Taking an overdose or swallowing something dangerous
- Self-strangulation
- Risky behaviours such as running into the road.

Recent trends related to self-harming

In the year ending March 2022, there were more than 25,000 hospital admissions across the UK for self-harm among children aged eight to 17. This was the highest figure for any age group and made up more than a quarter of total self-harm admissions. In the 12 months prior, there were just under 21,000 admissions for those aged eight to 17. (BBC News)

Young people with special educational needs may also engage in self-harm. It is estimated that about half of autistic people engage in self-injurious behaviour at some point in their life, and it can affect people of all ages. (<https://www.autism.org.uk/about/behaviour/challenging-behaviour/self-injury.aspx>).

Why do people self-harm?

Young people self-harm for a variety of reasons, this can include:

- To feel in control
- To relieve tension
- As a form of punishing themselves
- To feel more connected and alive, if otherwise they feel detached
- As a way of communicating distress
- It can provide distraction
- As an opportunity for nurture and comfort
- As a coping strategy.

It may be helpful to understand that when a student inflicts pain upon himself or herself the body responds by producing endorphins, a natural pain reliever that gives temporary relief or a feeling of peace. The addictive nature of this feeling can make self-harm difficult to stop.

Students who self-harm still feel pain, but some say the physical pain is easier to stand than the emotional/mental pain that led to the self-harm initially.

The following is an illustration of the cyclical nature of self-harm and demonstrates how such behaviour may become addictive.



Self-harm behaviour is usually aimed at coping with life rather than ending it, however, there is an increased risk of suicide if someone already self-harms. Designated safeguarding leads will follow the NSCP guidance [Children at risk of suicide Policy | NSCP \(norfolkscsp.org.uk\)](https://www.norfolkscsp.org.uk) if concerns emerge.

How can staff identify signs of self-harming?

All staff at All Saints School are expected to be vigilant and report concerns immediately, if they notice the following signs:

- Changes in clothing to cover parts of the body, e.g. 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/alcohol
- Changes in levels of activity or mood
- Increasing isolation from friends/family.

Self-harm occurs more frequently in students with learning disabilities. In those with severe learning disabilities, self-harm can form part of the student's profile of behaviour (for example, a student with autism biting his/her arms repeatedly). Any change in the frequency, severity or site of self-harm in these students is a cause for concern. Self-harm may be the only way a student with communication difficulties can display her/his emotional distress.

Self-harm in younger students is unusual but not unknown, so it is really important to be aware that behaviours such as hair pulling, small surface cuts, head banging and self grazing/scratching may be signs of self-harm.

Factors which may contribute to self-harming

Staff should be aware that the factors that students identify as contributing or triggering self-harm include:

- Experiencing poor mental health
- Having a parent who has poor mental health
- Stress and worry about schoolwork and exams
- Feeling under pressure from family, school or peers to achieve or conform
- Feeling isolated
- Difficulties in peer relationships, including the breakup of a relationship
- Not getting on with parents/carers or other family members
- Family relationship difficulties, including parents/carers separating or divorcing
- Bereavement
- Past experience of abuse (physical, sexual or emotional)
- Current experience of abuse (physical, sexual or emotional)
- Experience of domestic abuse
- The self-harm or suicide of someone close to them
- Confusion about sexuality
- Low self esteem
- Being bullied
- Feeling unhappy with yourself
- Feeling isolated, rejected or bullied due to race, culture or religion
- Being in trouble in school or with the police
- Difficult times of the year (e.g. anniversaries)
- Use of alcohol or drugs
- Feelings of rejection socially, or within their family
- Termination of pregnancy
- Self-harm behaviour in social group
- Self-harm portrayed in the media.

Suicidal thoughts and self-harm

Self-harm by cutting is not usually associated with suicidal thoughts but as described previously, it can be thoughts or behaviours used as an expression of distress or to relieve distress.

Suicidal ideation (a term often used by mental health practitioners) is where a young person expresses a genuine desire to die. Thoughts of hopelessness such as “I wish I was dead” are common. It is therefore important to explore the meaning behind the words the young person says. This can be because a student has a serious depression with low self-esteem, low mood, inability to see that his/her situation could improve, nothing to live for and no chance of ever being happy. Suicidal ideation is rare. If staff encounter a student who demonstrates these thoughts, they should immediately follow the protocols outlined below.

Frequent suicidal ideation with or without self-harm is a cause for referral for specialist assessment to consider a diagnosis of depression or other conditions, risk and treatment options.

School procedures when a student self-harm

‘It is important that as professionals we must not ask a young person to stop harming. There are many reasons for this. Firstly, due to the addictive nature of self-harm, unless that method of coping is replaced with another in its place you are expecting that individual to give up their coping strategy. Without means to release/process the difficult emotion that they are struggling with, levels of distress will increase, and some will move towards suicidal thoughts as they struggle to cope. Secondly, due to the nature of shame and guilt that an individual feels around their self-harm, they will not want to let you down and often unrealistically telling them to stop can drive the issue underground again as they go back to hiding the behaviour.’ (Laura Hadow, Youthscape)

Occasionally, the first we know about a young person’s self-harm is if they are self-harming in school. If this happens, keep calm and follow first aid guidelines if necessary. Acknowledge their distress – both their physical pain and their emotional pain which may have led to the self-harm. Young people will want your acceptance and support. Their behaviour should not be described as attention seeking, and you should use non-judgemental language. Advise the pupil that you will need to discuss what happened with the designated safeguarding lead in line with the school’s safeguarding policy. We will usually ask the young person to hand in any objects that they have been using to self-harm with, these can be picked up by their parent/carer at the end of the school day.

Any member of the school staff who knows a student who may be thinking of self-harming must report this to the Designated Safeguarding Lead (DSL)

What to do if a child discloses thoughts of self-harm and/or superficial injury

Keep calm and give reassurance to the student.

- Focus on the student, not the behaviour or reasons for it and remember the student may be reluctant to talk about self-harm.
- It is important not to make promises of confidentiality even though the student may put pressure on you to do so.
- Report the disclosure immediately to the Designated Safeguarding Lead.
- The DSL will inform the student’s parents/carers of the situation and be actively involved in the handling of the situation unless there is some overriding reason not to. The decision not to involve parents/carers should be taken in consultation with the DSL or Deputy DSL.

- Some instances of self-harm are Child Protection issues. In this case the procedures laid down in the school's Child Protection and Safeguarding policy must be followed by the Designated Safeguarding Lead. There must be no promise of confidentiality made to the student, and they must be told that the DSL will be informed.

If there are no child-protection concerns and it is not deemed a referral is required, then the following procedures may be considered:

- A change in the behaviour management plan / full risk assessment
- Referral to the School Counsellor
- Advice and guidance from point 1 / An Early Help Assessment could be completed
- A multi-agency meeting with those involved to discuss the way forward
- Draw up with the individual an action plan which will include not to self-harm at school.

A student engages in serious self-harm with/without suicidal ideation, requiring medical treatment. e.g. injury or overdose (however small).

Required action is the same as above but also includes:

- If a member of staff finds that a student is in possession of dangerous equipment, then a member of SLT should be contacted.
- If physical harm has been done the student should be taken to the Medical Room for medical assessment and care. If appropriate, emergency services may be called by SLT.
- If the student is in hospital - a CAMHS Referral may be activated by the hospital and the school will be informed.

Students will be encouraged to:

- Cover up open wounds/injuries; these must be dressed appropriately.
- Not discuss their self-harming behaviours and injuries with peers in or out of school – including social media platforms.
- Use alternative positive coping strategies.
- Alert a teacher if they suspect a fellow student of being suicidal or at series risk of harm to themselves.
- Talk to an appropriate staff member if they are in emotional distress.

Creating an action plan

It is important that students feel that their concerns are being taken seriously and that they have an element of control over the process. A jointly negotiated action plan will be created with one of the DSLs. see appendix A. Action plans will have achievable targets and agreements about whom to involve and other possible next steps. Students may benefit from being encouraged to establish more positive daily routines (eating, sleeping etc) or may need to establish a greater social network, for example, by taking on a new activity. The action plan may include some of the following techniques.

Distraction activities

Replacing the cutting or other forms of self-harm with safer activities can be a positive way of coping with the tension. What works depends on the reasons behind the self-harm. Activities that involve the emotions intensely can be helpful.

Examples:

- Contacting a friend, family member or helpline
- Going for a walk/run or other forms of physical exercise
- Getting out of the house and going to a public place e.g. a cinema
- Reading a book
- Keeping a diary
- Looking after an animal
- Watching TV
- Listening to music or singing along
- Going shopping
- Cooking/eating your favourite meal.

Coping with distress using self-soothing

- Using stress management techniques such as relaxation or massage
- Having a bubble bath
- Stroking a cat or other animal
- Going to the park and looking at the things around you (birds, flowers, trees)
- Listening to the sounds as you walk
- Listening to soothing music.

Sometimes it can be helpful to find other ways of discharging emotion which are less damaging than self-harm:

- Clenching ice cubes in the hand until they melt
- Writing, drawing and talking about feelings
- Writing a letter expressing feelings, which need not be sent
- Going into a field and “screaming”
- Hitting a pillow /soft object
- Listening to loud music
- Physical exercise.

An important part of prevention of self-harm is having a supportive environment which is focused on building self-esteem and encouraging healthy peer relationships. At All Saints School our Behaviour policy, Reward policy and Anti-Bullying policy clearly demonstrate how we support students in this way.

Referrals and support and guidance for parents / carers

If there are significant concerns about a young person’s mental health, a referral to CAMHS, with parental consent, will need to be made. If young people need urgent medical attention and are taken to A&E, they should receive a mental health assessment at hospital. All other referrals to CAMHS are made via the Access and Assessment Team, Central on 0300 790 0371

For other concerns, the school will follow the Norfolk Safeguarding Board Partnership guidance: <https://www.norfolkscb.org/people-working-with-children/how-to-raise-a-concern/>

Other Norfolk services which might also be able to offer support to families:

JustOneNorfolk

<https://www.justonenorfolk.nhs.uk/our-services/healthy-child-programme-services-5-19>

Point 1

<https://www.ormiston.org/what-we-do/mental-health-and-wellbeing/point-1/>

Early Help

<https://www.norfolk.gov.uk/children-andfamilies/early-help-and-family-support/getearly-help-and-family-support>

MAP

<https://www.map.uk.net/>

Support organisations for families - you can contact the **Healthy Child Programme** by calling **Just One Number** on 0300 300 0123 or texting **Parentline** on 07520 631590. Opening hours are 8am-6pm Monday-Friday (excluding bank holidays) and 9am-1pm on Saturdays.

First Response is a 24/7 helpline offering immediate advice, support and signposting for people with mental health difficulties. If you are experiencing something that makes you feel unsafe, distressed or worried about your mental health you can now call the helpline on **0808 196 3494**. This number can be used by students, parents or carers.

If you are 11-19 you can text **Chathealth** on **07480 635060** for confidential advice from one of the team.

For 11–25 year olds **Kooth** is a free, confidential and safe way to receive online counselling, advice and emotional well-being support.

Childline - Children and young people under 19 can call **0800 1111** for free support.

Young Minds Parents Helpline - Call 0808 802 5544 for free Mon-Fri from 9.30am to 4pm.

To speak to other Norfolk parents and carers, you can join our online community forum reached at this link

<https://www.justonenorfolk.nhs.uk/emotional-health/children-young-peoples-emotional-health/self-harm>

Appendix A

Action Plan

Young person's name:

Date

- I will **let your parent/carer know** how you are feeling.
- I will **let your tutor and teachers know** how you are feeling

If you were **worried** about yourself, you could talk with

Friend

Adult

If you are feeling down, these things might **help you to ride out this feeling**:

- ☐ Distracting activities (e.g. music, gaming, reading)
- ☐ Mood lifting activities (e.g. watch comedy, play instrument, internet)
- ☐ Physical activities (e.g. walking, running, cycling, dance)
- ☐ Social activities (e.g. text or talk to friends, social media)
- ☐ Other activities (e.g. playing with pets, hobbies, cooking)

1.

2.

3.

If you want **more information**, these helplines might be helpful:

- Information and advice about local support from "**on your mind**" (www.onyourmind.org.uk)
- Free online support from **Kooth** (www.kooth.com)
- **First Response** is a 24/7 helpline offering immediate advice, support and signposting for people with mental health difficulties. **0808 196 3494.**

We will meet again to review how you are feeling on:

Name of staff member responsible for the plan:

Student signature

Date

Copy for student and DSL

Review Meeting

What has gone well?	
What are the next steps?	
Signed student:	
Signed staff member:	
Date:	