Self-Harm Policy
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1. INTRODUCTION

Burlington House School is owned and operated by Cavendish Education.

This policy is one of a series of school policies that, taken together, are designed to form a comprehensive statement of the school's aspiration to provide an outstanding education for each of its students and of the mechanisms and procedures in place to achieve this. Accordingly, this policy should be read alongside these policies. In particular, it should be read in conjunction with the policies covering equality and diversity, Health and Safety, safeguarding and child protection.

All of these policies have been written, not simply to meet statutory and other requirements, but to enable and evidence the work that the whole school is undertaking to ensure the implementation of its core values: Competence, Confidence, Character and Creativity.

While this current policy document may be referred to elsewhere in Burlington House School documentation, including particulars of employment, it is non-contractual.

In the school's policies, unless the specific context requires otherwise, the word "parent" is used in terms of Section 576 of the Education Act 1996, which states that a 'parent', in relation to a child or young person, includes any person who is not a biological parent but who has parental responsibility, or who has care of the child. Department for Education guidance Understanding and dealing with issues relating to parental responsibility updated August 2023, considers a 'parent' to include:

- all biological parents, whether they are married or not
- any person who, although not a biological parent, has parental responsibility for a child or young person - this could be an adoptive parent, a step-parent, guardian or other relative
- any person who, although not a biological parent and does not have parental responsibility, has care of a child or young person

A person typically has care of a child or young person if they are the person with whom the child lives, either full or part-time, and who looks after the child, irrespective of what their biological or legal relationship is with the child.

The school contracts the services of third-party organisations to ensure regulatory compliance and implement best practices for:

- HR and Employment Law
- Health & Safety Guidance
- DBS Check processing
- Mandatory Safeguarding, Health & Safety, and other relevant training
- Data protection and GDPR guidance
- Specialist insurance cover

Where this policy refers to 'employees', the term refers to any individual who is classified as an employee or a worker, working with and on behalf of the school (including volunteers and contractors).

The school is committed to safeguarding and promoting the welfare of children and young people and expects all staff, volunteers, pupils and visitors to share this commitment.

All outcomes generated by this document must take account of and seek to contribute to safeguarding and promoting the welfare of children and young people at Burlington House School.

The policy documents of Burlington House School are revised and published periodically in good faith. They are inevitably subject to revision. On occasions, a significant revision, although promulgated in school separately, may have to take effect between the republication of a set of policy documents. Care should therefore be taken to ensure, by consultation with the Senior Leadership Team, that the details of any policy document are still effectively current at a particular moment.

2. PURPOSE AND SCOPE

Burlington House School is dedicated to delivering high-quality care and education in safe, supportive, and friendly environments, always prioritising the well-being of each pupil. The school is committed to understanding and reducing the risk of self-harm by exploring its underlying causes and implementing effective professional practices across our setting(s).
As a school, we have a responsibility to address the needs of our pupils effectively, including how we approach the issue of self-harm. This policy aims to:

- Enhance understanding and awareness of self-harm.
- Equip staff to recognise warning signs and risk factors.
- Provide clear guidance on supporting students who self-harm, as well as their peers and parents or carers.

Distinguishing between self-harm and self-injurious behaviour can be challenging, as the two may overlap. Self-harm involves intentionally causing physical pain or harm to oneself, often as a response to emotional distress. In contrast, self-injurious behaviour is typically an attempt to self-regulate, express discomfort, or communicate unmet needs.

All team members must familiarise themselves with this policy, along with the school's Behaviour Policy. The appropriate policy should be applied based on the child or young person's needs, with guidance from the Safeguarding and Pastoral Teams along with senior leaders.
Generally, this Self-Harm Policy applies to children and young people whose primary needs are related to Social, Emotional, and Mental Health (SEMH), though some may also display self-injurious behaviours. In such cases, the Behaviour Policy may be more applicable.

Other key policies that team members must be familiar with include:

- Ligature Management Policy
- Safeguarding and Child Protection Policy
- Personal Pupil safety plans
- Positive Behaviour Policies
- Serious Incident Notification Form

This policy describes Burlington House School's approach to self-harm. This policy is intended as guidance and applies to all pupils, staff, parents/carers and families; members of the governing body in addition to visiting professionals who work with students at Burlington House School.

3. LEGISLATIVE AND NATIONAL GUIDANCE FRAMEWORK

Specific legislation, regulations, and guidance relevant to this policy include:

- Mental Health Act 1983 (Amended 2007)
- Human Rights Act 1998 (Amended 2005)
- Mental Capacity Act 2005
- Mental Health and Behaviour in Schools (Department for Education, updated November 2018); Promoting and supporting mental health and wellbeing in schools and colleges (Department for Education, updated April 2026); Working Together to Safeguard Children 2026; and Keeping Children Safe in Education 2026 (effective from 1 September 2026; use the 2025 version until 31 August 2026).

A key consideration for this policy is NICE guideline NG225, Self-harm: assessment, management and preventing recurrence (published September 2022; last reviewed August 2024). The guideline states that risk assessment tools and scales should not be used to predict future suicide or repetition of self-harm, or to determine who should receive treatment or be discharged. Decisions about care and intervention should instead be based on the person's needs, immediate and long-term safety, and a collaborative psychosocial assessment.

4. WHAT IS SELF-HARM, AND HOW DO WE UNDERSTAND AND IDENTIFY IT?

Self-harm refers to any behaviour intended to deliberately cause harm to oneself, such as self-cutting, swallowing objects, overdosing, hanging, or running into traffic. While some individuals who self-harm may have a strong desire to end their lives, others are motivated by different factors. These may include escaping an unbearable situation or emotional pain, relieving tension, expressing hostility, inducing guilt, or seeking increased care and attention from others. Even when the intent to die is not present, self-harming behaviour often reflects a profound sense of despair and must be taken seriously.

Furthermore, some individuals who do not intend to die may inadvertently do so, either due to underestimating the severity of their actions or failing to seek timely help.

When considering young people with complex and developmental trauma, self-harm often serves two primary functions:

1. Intrapersonal Function:
   Self-harm may act as a coping mechanism to manage intense emotions or distress. This type of self-harm is often hidden from others, such as covered cutting on the forearms, as it serves a personal and private purpose.

2. Interpersonal Function:
   Self-harm can be relational and is sometimes described as *attachment-seeking* or *attention-needing*. When young people have not had their fundamental needs consistently met during early development, they may develop alternative ways to feel acknowledged and understood. In this context, self-harm might be more visible to others, serving as a communication of their struggles or a request for help and support.

In many cases, self-harm may serve a combination of both intrapersonal and interpersonal functions. The terms *self-harm* and *self-injury* are sometimes used interchangeably, but they have distinct meanings:

- Self-injury involves the deliberate destruction or alteration of body tissue without conscious suicidal intent. This distinguishes it from socially accepted harmful behaviours such as drug use, smoking, or excessive alcohol consumption.
- Acts of body modification for aesthetic purposes are not included within this definition.

At Burlington House School, it is crucial to use the term *self-harm* with care and precision. Some pupils in our cohort may engage in sensory-seeking or self-injurious behaviours, such as skin picking or scratching, which are not considered forms of self-harm.

While self-injurious behaviour can be distressing and challenging, staff must approach these behaviours using calm and measured language. It is essential to avoid mislabeling sensory-seeking behaviours as self-harm to ensure appropriate understanding and response.

A small percentage of children and adults with learning disabilities may exhibit self-injurious behaviour. This can significantly impact their lives and the lives of their families. These individuals will be supported through alternative and tailored interventions.

5. RISK FACTORS

The following risk factors, especially when combined, may increase a young person's vulnerability to self-harm. However, this list is not exhaustive:

<u>Individual factors:</u>

- Experience e.g. adverse childhood experiences or trauma
- Depression/anxiety
- Poor communication skills
- Low self-esteem
- Poor problem-solving skills
- Hopelessness
- Impulsivity
- Substance misuse
- Bereavement
- Perfectionism
- Exam pressure

<u>Social Factors:</u>

- Difficulty in making relationships/loneliness
- Persistent bullying or peer rejection
- Easy access to drugs, medication or other methods of self-harm.
- Copied self-harm behaviour (contagion effect)
- Difficult times of year e.g., anniversaries
- Criminal behaviour
- Accessing, or difficulties within, the school

Triggers

Various factors can contribute to incidents of self-harm, including:

- Family relationship issues (most common among younger adolescents).
- Difficulties with peer relationships, such as the end of a relationship (most common among older adolescents).
- Bullying or cyberbullying.
- Significant trauma, such as bereavement or abuse.
- Child sexual exploitation.
- Exposure to self-harm behaviour in others (contagion effect).
- Identification with peer groups that normalise or promote self-harm.
- Portrayal of self-harm in the media.
- Challenging times of the year, such as anniversaries.
- Trouble at school or interactions with law enforcement.
- Pressure to conform or achieve, whether from family, school, or peers.
- Academic stress, particularly during exams.
- Periods of change, such as parental separation or divorce.

Warning Signs

Changes in a young person's behaviour may indicate self-harm or other serious emotional difficulties. These changes are not always immediately visible but may include:

- Altered eating or sleeping habits.
- Increased isolation from friends and family.
- Shifts in activity levels and mood, such as heightened aggression or withdrawal.
- Declining academic performance.
- Conversations about self-harm or suicide.
- Frequent injuries (i.e., cuts, bruises, burns) with suspicious explanations.
- Wearing trousers and long sleeves in warm weather (to cover injuries).
- Wearing bangles, bracelets, and wristbands (to cover injuries).
- Avoiding sports or activities that require showing more of one's body.
- Rubbing of arms, especially wrists, through sleeves (cuts often itch while healing).
- Bloodied wads of tissue or toilet paper or blood on clothing.
- First aid supplies are being used quickly.
- Discovery of tools used for self-injury (broken disposable razors, lighters, un-bent paper clips).Increased time alone.
- Withdrawing from activities once enjoyed.
- Increased time with peers who self-harm.
- Relationship problems.
- Difficulty functioning at school, work, or home.
- Low self-esteem or an increase in negative self-talk.
- Self-defeating comments and attitudes.
- Difficulty handling emotions or being easily overwhelmed.
- Extremely sensitive to rejection.
- Extreme emotional ups and downs (due to the cycle of self-injury).
- The presence of behaviours that often accompany self-injury: eating disorders, drug/alcohol misuse, excessive risk-taking.

This arrangement prioritises visible physical signs, followed by social and behavioural changes, and finally emotional and psychological indicators.

6. METHODS OF SELF HARM

Young people may engage in self-harm through a variety of methods, including:

- Cutting
- Overdosing on tablets
- Swallowing hazardous materials or substances
- Burning (either physically or chemically)
- Over/under medicating, such as misuse of insulin
- Punching, hitting, or bruising oneself
- Hair pulling, skin picking, or head banging
- Episodes of alcohol, drug, or substance misuse, or over/under eating, which can sometimes be deliberate acts of self-harm
- Risk-taking behaviours, which may also serve as acts of self-harm

Self-harm can sometimes be a short-term response to specific stressors, resolving relatively quickly. However, it may also form part of a longer-term pattern of behaviour linked to deeper emotional or psychiatric difficulties. The presence of multiple underlying risk factors increases the likelihood of recurrent self-harm. It is crucial to take all acts of self-harm seriously.

Use of Ligatures

Some individuals may use ligatures to inflict self-harm. These ligatures may be:

- Fixed: Tied to secure points such as wardrobe rails, shower rails, curtain rails, or other objects. These points do not have to be high, as ligatures can be used while sitting or kneeling.
- Non-fixed: Manual self-strangulation without a secure ligature point.

Whenever a ligature is used, it must be removed promptly by team members. The management of individuals who frequently use ligatures should involve coordinated efforts by the clinical team and other key adults. Strategies should be clearly outlined in the individual's internal plan and safety plan. These plans should include contact numbers and support services for immediate response and be readily accessible to team members.

In settings where ligature risks are identified:

- Team members, including temporary staff, must receive training on ligature risks and the use of ligature cutters.
- Training and refresher courses should be provided annually.

For individuals using a ligature for the first time, the school's
DSL must be consulted post-incident to complete a risk assessment and safety plan and establish strategies for managing potential future incidents.

What Sustains the Self-Harm Cycle?

Once established, self-harm—especially cutting—can be difficult to stop. Self-harm serves various functions for young people, including:

- Reducing tension (acting as a "safety valve")
- Distracting from problems
- Providing a form of escape
- Releasing anger and rage
- Feeling real or grounded
- Punishing oneself
- Gaining a sense of control

- Alleviating numbness
- Relieving emotional pain through physical pain
- Seeking care or attention
- Identifying with a peer group
- Non-verbal communication (e.g., signalling an abusive situation)
- As a suicidal act

When someone inflicts pain on themselves, their body produces endorphins, which are natural pain relievers that can bring temporary relief or a sense of peace. This sensation can become addictive, making it challenging to break the cycle of self-harm. Although young people who self-harm still experience pain, they often describe the physical pain as more bearable than the emotional or mental pain that led to the self-harm initially.

7. HOW TO RESPOND TO SELF-HARM

Responding to a Child at Risk of Self-Harm

When a young person expresses concerns about self-harm or when a concern is raised about a child, your response must be calm and measured. Professionals should project confidence and convey that they can provide support, regardless of any personal anxiety. Acknowledge the courage it takes for the child or young person to seek help, and validate their feelings by recognising the self-harm. Communicate acceptance of the situation and express care, while clearly explaining the limits of confidentiality and why sharing information may be necessary to ensure their safety.

Immediate Response to Self-Harm

If you encounter a child or young person who has self-harmed:

- Stay calm, provide reassurance, and follow first-aid guidelines as needed.
- Maintain their trust and involve them in decisions regarding their care and support.
- For those who struggle to express distress verbally, explore alternative communication methods (e.g., non-verbal cues, written notes, agreed safe words, phrases, or emojis).
- Adapt your approach for any learning disability, physical, mental health, or neurodevelopmental conditions they may have.

As quickly as possible, establish:

- The severity of the injury and the need for urgent medical treatment.
- The emotional and mental state of the person and their level of distress.
- Any immediate concerns for their safety.
- Whether there is a safeguarding concern and, if so, inform the Designated Safeguarding Lead (DSL).
- Whether a self-harm safety plan exists.
- The need for referral to a specialist mental health service.

In cases of a suspected overdose, even if minor, seek advice from a medical practitioner (e.g., emergency department or GP). If the person is intoxicated due to drugs or alcohol, ensure they receive medical assessment and support.

When responding to a child or young person who has self-harmed:

- Treat them with respect, dignity, and compassion, considering cultural sensitivity.
- Collaborate to ensure their views are incorporated into decision-making.

- Address immediate physical health needs according to local policies. For urgent mental health support in England, call NHS 111 and select the mental health option. Call 999 or attend the emergency department where there is an immediate threat to life or serious injury.
- Remove potentially harmful items from the environment where appropriate.
- Inform the clinical team and consider urgent mental health support as needed (refer to Appendix A and B for guidance).
- Share information on available support resources, such as clinical teams, NHS urgent mental health helplines, social care services, Samaritans, Combat Stress, NHS111, and Childline.
- Report safeguarding concerns to the DSL and follow the Safeguarding Policy.
- Increase supervision and support if their safety is at risk.

Physical Intervention and Restraint

Refer to the Restrictive Physical Intervention Policy for guidance.

In some situations, serious self-harming behaviour may require physical intervention using approved techniques (e.g., CPI) that team members are trained in.

When physical interventions are used:

- Document the intervention within 24 hours.
- Prioritise the safety and well-being of everyone involved.
- Once all individuals are safe and calm, team members should produce a report on the electronic recording system used in the setting.
- Keep the clinical team informed and ensure the individual's Support Plan is regularly reviewed.

Assessing and Meeting Needs

Evidence suggests that risk assessment tools are not reliable predictors of future self-harm or suicidal behaviour and should not determine care or treatment availability. Instead, focus on meeting the person's needs and supporting their immediate and long-term psychological and physical safety.

Key actions include:

- Prioritising personalised approaches tailored to the individual's needs.
- Addressing the relational context of their situation.
- Promoting safety and involving the individual, their family, carers, or other support systems in planning interventions.

The emphasis should be on collaborative and compassionate care to foster safety and well-being rather than relying on formal risk stratification or scoring tools.

8. WHOLE SCHOOL APPROACH

Universal Approach

Our universal strategy to prevent self-harm is embedded in our Mental Health Policy, aiming to promote positive well-being across the entire student body. Key elements include:

- A strong anti-bullying policy.
- Comprehensive mental health training for all staff.
- A dedicated Mental Health Lead (Jenna Pearson).
- An annual self-reported Student Wellbeing Survey.
- Strengths and Difficulties Questionnaires (SDQs) completed by staff.
- Robust transition support for new and returning students.
- Implementation of the *Zones of Regulation* Framework.

- Adoption of a Positive Behaviour Support Framework.
- Access to a designated Wellbeing Room.
- Recognition and promotion of non-academic achievements.
- Celebration of diversity and inclusion.
- Initiatives to enhance emotional regulation and coping skills.
- Psychoeducation on mental health and resilience.
- A whole-school ethos that fosters connectedness and a sense of belonging.

Targeted Approach

For pupils identified as being at risk of self-harming, those who have self-harmed in the past, or those currently engaging in self-harm, we employ a targeted approach guided by the Self-Harm Flowchart (See Appendix A).

This includes:

- Developing a tailored *Wellbeing & Safety Plan* with a trusted adult.
- Creating a self-soothe box with personalised tools for distraction, comfort, or delaying self-harm.
- Regular check-ins with an identified trusted adult.
- Providing targeted in-school support, such as psychoeducation or skill-building.
- Signposting students to external resources (e.g., the CalmHarm app).
- Offering one-on-one sessions with the Mental Health Lead (Jenna Pearson) or Pastoral Lead (Jazmin Gahan) to co-create safety plans or enhance emotional literacy.
- Facilitating supportive, non-judgemental relationships across the school.
- Ensuring staff are informed when appropriate, to provide additional support.

Specialist Referrals

The Designated Safeguarding Leads will seek specialist support if a student exhibits suicidal intentions, attempts, or engages in high-risk self-harm. In such cases, staff will adhere to the Safeguarding Policy and Local Authority protocols, contacting relevant services (e.g., CAMHS Single Point of Access or the local A&E).

A referral to specialist support will be made if any of the following are observed:

- Increased frequency of self-harm.
- Escalation in the method of self-harm, including accidental or severe harm.
- Noticeable decline in emotional well-being.
- Explicit suicidal ideation or intention to cause serious harm.
- Current substance abuse indicates a higher risk of severe harm.
- Presence of complex risk factors (e.g., trauma, ACEs, homelessness, domestic violence, or criminal exploitation).

Detailed documentation of the concerns must accompany any referral. Following a referral, a *Team Around the Child (TAC)* meeting will be arranged to coordinate professional support for the young person.

9. FIRST AID RESPONSE TO SELF-HARM INCIDENTS

In the event of a self-harm incident requiring first aid, standard first aid procedures should be followed. At all times, this care should be administered by a first aid-trained member of staff and they must refer to the Self-Harm Flowchart to determine if further medical intervention is necessary.

Key steps include:

- Informing parents/carers and any professionals of the incident.
- Recording all first aid administered per school policy.

This process ensures consistent and thorough support while maintaining clear communication with all relevant parties.

10. COPING STRATEGIES

A *safety plan* or *coping skills plan* (see resources below) can be developed collaboratively with the young person to empower them and involve them in risk management planning. Replacing self-harming behaviours with safer alternatives can provide a positive outlet for managing emotional tension. The most effective strategies often depend on the underlying reasons for the self-harm. Activities that elicit emotions matching the intensity of their feelings may be particularly helpful.

Examples of alternative coping strategies include:

- Writing a letter to express emotions (it does not need to be sent).
- Calling a helpline for immediate support.
- Hitting a pillow or another soft object to release tension.
- Listening to loud music or singing as a form of emotional expression.
- Engaging in physical exercise, such as walking, running, or other activities.
- Practising stress-management techniques, such as relaxation exercises.
- Using a *self-soothe box* with personalised items for distraction or comfort.

Providing factual information about the risks and complications of self-harm may also benefit some individuals, encouraging informed decision-making.

Exploration and Understanding

It can be helpful to explore the circumstances leading to self-harm, including the young person's thoughts, feelings, and behaviours. This reflection can aid in understanding their self-harm and identifying alternative coping strategies.

Encourage the young person to share their experiences, as active listening is critical. Support them in taking steps to ensure their safety and reduce self-injury if they are willing. Additionally, provide information about relevant support agencies (see appended resources).

Reviewing the Environment

Assess the safety of the young person's environment, balancing their autonomy (appropriate to their age) with the need for precautionary measures. Use the least restrictive interventions necessary.

Considerations for the environment:

- Remove potentially harmful items (e.g., razor blades, cords, glass, or stones) in collaboration with the young person, ensuring their involvement in decisions where possible.
- Update the self-harm safety plan to include identified environmental risks.
- Acknowledge that while removing items used for self-harm can mitigate risks, alternative items may be sought and used.

Regularly review restrictions to ensure they are appropriate and necessary. Reintroduce items as the young person's safety and risk level improve, based on ongoing assessments.

Addressing Recurring Self-Harm

If the young person experiences frequent self-harm episodes or if previous interventions have not been effective, a multidisciplinary review should be conducted. This review should include the young person (where appropriate), their caregivers, and other involved professionals to establish a coordinated plan.

Steps for addressing recurring self-harm:

- Identify a trained professional to act as the coordinator and primary contact for the young person's care.
- Review existing care and support plans, and arrange referrals to additional services as needed.
- Develop or update the safety plan.
- Create a collaborative safety plan for managing future episodes of self-harm, written with and agreed upon by the young person.

The multidisciplinary team should evaluate whether the frequency, severity, or method of self-harm has changed over time. This ongoing assessment ensures that the support provided remains relevant and effective.

11. SCHOOLS [SAFEGUARDING/PASTROAL/CLINICAL] TEAMS

It is vital that schools notify the Safeguarding team of self-harm incidents to ensure appropriate multi-disciplinary support is accessed when needed. Refer to the Appendices for guidance on when and how to involve Safeguarding services.

The Safeguarding/Pastoral teams may contribute by:

- Providing consultation, training, or reflective practice sessions for school staff.
- Collaborating with the school to develop a tailored support plan for the child or young person.
- Developing a risk formulation to create a shared understanding of the reasons behind the self-harm.
- Reviewing and updating the risk assessment/safety plan to ensure the child or young person receives appropriate care.
- Supporting communication with the child or young person and their family or carers (as appropriate) about actions taken and findings.
- Offering additional support to the child or young person, including building a therapeutic relationship and employing evidence-based approaches to address self-harm.

Assessment and Risk Formulation

A risk formulation should be integrated into any risk assessment conducted by the Safeguarding team in collaboration with the education team and the child or young person (where engagement is achieved). This process aims to summarise current risks and challenges while identifying contributing factors to inform an effective plan. The formulation typically considers historical events, recent issues, and existing strengths or resources.

During any assessment, the following should be considered:

- Explore the functions and reasons for the self-harm, acknowledging that motivations may vary between episodes.
- Take into account the child or young person's:
    - Values, wishes, and priorities.
    - Preferences for treatment.
    - Psychological, social, and educational needs.
    - Learning disabilities, neurodevelopmental conditions, or mental health concerns.

    - Social, peer group, home, and educational environments.
    - Use of social media and its impact on well-being.
    - Any safeguarding or child protection concerns.
- Consider the involvement of family or carers where appropriate.
- Evaluate their caring responsibilities and specific upcoming events or circumstances.

The team should also assess:

- Historical factors contributing to the self-harm.
- Current and changeable factors impacting their behaviour.
- Future considerations, such as anticipated events or risks.
- Protective and mitigating factors that can support their well-being.

Referral to External Agencies

In collaboration with the Safeguarding team, determine whether a referral to external agencies (e.g., CAMHS) is necessary. This decision should be based on the risk formulation and consider:

- The presence of risk factors and protective factors.
- The level of impulsivity.
- The effectiveness of interventions to date.
- Any additional therapeutic or specialist support the young person may require.

A team-based approach ensures that the child or young person receives comprehensive and effective care tailored to their unique needs.

12. SUPPORTING TEAM MEMBERS AND OTHER CHILDREN

Supporting Team Members

Witnessing or responding to a self-harm incident can be emotionally challenging and potentially distressing for team members.

To ensure a supportive environment:

- Team members should have opportunities to discuss and reflect on the incident in a safe and confidential space.
- The Headteacher or Registered Manager must provide regular supervision sessions.
- Team members should be informed about available confidential counselling services and how to access them.

Supportive practices include:

- Reflective practice sessions to process the incident and identify learning opportunities.
- Debrief meetings to discuss what happened and plan for future prevention.
- Regular team meetings to promote collective learning and resilience.
- Individual "safe space" support sessions to address personal concerns.

Team members are also encouraged to use the resources outlined in the *Helpful Resources* section to manage their well-being effectively.

Supporting Other Children

Friendships are an important source of support and can act as a protective factor against self-harm in young people. However, the impact of self-harm on a child or young person's close friends and peers should not be underestimated. Steps should be taken to provide appropriate support to reduce distress

among their peer group as well as for the individual directly involved.

Actions include:

- Offering targeted support to friends or classmates who may be affected.
- Monitoring peers for signs of emotional distress and providing access to pastoral support.
- Engaging the clinical team for guidance on how to support the peer group effectively.

These measures aim to foster a compassionate and understanding environment, ensuring the well-being of all those involved.

Staff should log on to MyConcern if a pupil has been exposed to an incident of self-harm.

Any pupils who are aware of a peer's self-harm will be provided with support and signposting to appropriate services if needed.

13. REPORTING AND RECORDING

All incidents of self-harm or self-injurious behaviour must be documented and reported systematically to ensure proper monitoring and response.

Key steps include:

- Recording all incidents in the individual's behaviour and safeguarding records (MyConcern).
- Including incident details in termly reports.
- Logging incidents on MyConcern, the designated online system.

In certain cases, incidents may also need to be reported to a relevant regulatory body. Ensure compliance with all applicable reporting guidelines to maintain accountability and transparency.

14. HELPFUL RESOURCES

For a young person self-harming:

- Alumina - Free online self-led support for 10-17 year olds.
- Calm Harm - Smartphone app that helps manage and resist the urge to self-harm.
- Mind - Tips for coping and alternatives
- Shout 85258 - Text service for anyone needing support
- Distractions that can help NAHN list alternative coping strategies
- Mind – Coping with Self-Harm – for 11-18 year olds

For Parents/Carers:

- We are with you - advice for parents
- Young Minds - advice for parents, support line, access to resources
- Shout 85258 - Text service for anyone needing support

For professionals:

- Education Support - Self-harm support for teachers and school staff
- Charlie Waller - Advice and support for staff
- Young people who self-harm: a guide for school staff Royal College of Psychiatrists
- Creating a 'safety plan' | Samaritans – Supporting someone with suicidal thoughts

15. LINKS TO OTHER POLICIES

This policy is linked to our:

- Child Protection and Safeguarding Policy

16. CONTACT INFORMATION

For any questions or concerns regarding this policy, please contact the DSL Jon Brophy at brophyj@burlingtonhouseschool.com

17. APPROVAL & POLICY REVIEW

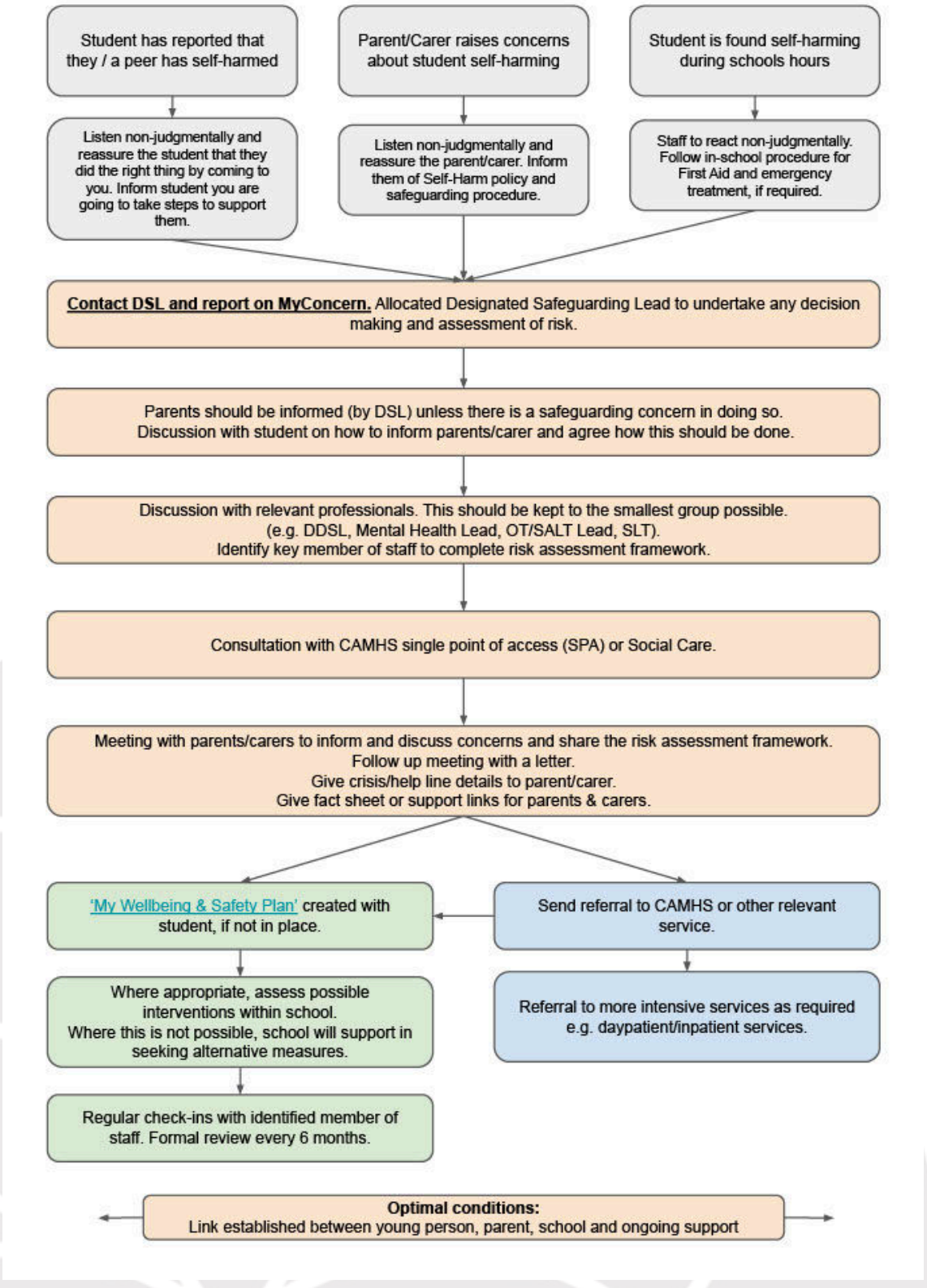
This Policy has been reviewed and approved by:

Policy Approver(s)	Cavendish Education Board of Directors/Senior Leadership Team of the school
Storage Location	Online, hard copy in the school
Effective Date	July 2025
Next Review Date	July 2027

18. REVISION HISTORY

Version	Change	Author	Date of Change
1	First published	Cavendish Central Team	July 2025
1.1	Updated: current format and highlighted changes	Cavendish Central Team	July 2026
1.2	Localised by BHS	Burlington House School	September 2026

ANNEX 1. PUPILS WHO SELF-HARM FLOW CHART


Student has reported that they / a peer has self-harmed
Parent/Carer raises concerns about student self-harming
Student is found self-harming during schools hours
Listen non-judgmentally and reassure the student that they did the right thing by coming to you. Inform student you are going to take steps to support them.
Listen non-judgmentally and reassure the parent/carer. Inform them of Self-Harm policy and safeguarding procedure.
Staff to react non-judgmentally. Follow in-school procedure for First Aid and emergency treatment, if required.
Contact DSL and report on MyConcern. Allocated Designated Safeguarding Lead to undertake any decision making and assessment of risk.
Parents should be informed (by DSL) unless there is a safeguarding concern in doing so.
Discussion with student on how to inform parents/carer and agree how this should be done.
Discussion with relevant professionals. This should be kept to the smallest group possible.
(e.g. DDSL, Mental Health Lead, OT/SALT Lead, SLT).
Identify key member of staff to complete risk assessment framework.
Consultation with CAMHS single point of access (SPA) or Social Care.
Meeting with parents/carers to inform and discuss concerns and share the risk assessment framework.
Follow up meeting with a letter.
Give crisis/help line details to parent/carer.
Give fact sheet or support links for parents & carers.
'My Wellbeing & Safety Plan' created with student, if not in place.
Send referral to CAMHS or other relevant service.
Where appropriate, assess possible interventions within school.
Where this is not possible, school will support in seeking alternative measures.
Referral to more intensive services as required e.g. daypatient/inpatient services.
Regular check-ins with identified member of staff. Formal review every 6 months.
Optimal conditions:
Link established between young person, parent, school and ongoing support