Bournmoor Primary School

Policy for Self Harm Support

Headteacher:	Mrs Laura Snowdon
Chair of Governors:	Mrs Tracy Bell
Date of Policy:	October 2025
Date of Review:	October 2027

Scope

This document describes Bournmoor Primary 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 pupils who self-harm.
- To provide support to pupils who self-harm and their peers and parents/carers.

What is Self-Harm?

Self-harm refers to intentional self-poisoning or self-injury, irrespective of type or motive or the extent of suicidal intent. Most self-harming behaviour is not lethal and is unlikely to lead to death. Most young people who self-harm do not intend to risk their lives; however it is also important to note that some children and young people do die and that the majority of successful suicide attempts involve young people who have previously self-harmed.

Self-harm describes a wide range of things that people do to themselves in a deliberate and usually hidden way, which are damaging. Self-harm is an expression of personal distress. It can result from a wide range of psychological, social and physical problems.

Self-harming actions might include;

- Cutting or scratching with knives, razor blades or other sharp implements
- Taking overdoses of drugs, or swallowing other substances
- Burning with flames, heated metal, wax or chemicals etc.
- Hitting or banging arms, legs or head on walls, or with fists or objects
- Putting objects under the skin or elsewhere in the body, e.g. needles
- Taking risks with the intention of hurting oneself
- Self-strangulation

For the purposes of supporting staff in assessing the level of risk a young person may be at, and in line with research into the different profiles of self-harm that a young person typically engages in, the following broad categories are distinguished:

▪ Self-harm such as cutting that appears to have been the result of a short-term stressor, and an attempt to 'manage' the uncomfortable feelings. Appears to be an unusual or one-off occurrence.	Increasing risk and vulnerability ↓
▪ Self-harm such as cutting that appears to be part of a pattern of such behaviours. Usually the result of stress and aimed at reducing or managing these feelings.	
▪ Self-harm that appears to be a feature of established low mood or distressed behaviour, where there is a clear sense that the intent was to cause injury rather than to manage uncomfortable feelings.	
▪ Deliberate overdose or ingestion of toxic substances.	

Identified member of staff

We have an identified member of staff (Mrs Snowdon – Designated Safeguarding Lead) who has additional responsibility for responding to such incidents of self-harm. As such, she is involved in making a decision

about the level of risk and the most appropriate response, including supporting the development of a care plan for the young person. If Mrs Snowdon is not available then Mr Seaton (Deputy DSL) can be consulted or alternatively the school nurse of member of CAMHS with a record of this kept on our electronic log.

General Facts about Self Harm

- There is no such thing as a typical young person who self-harms.
- For some young people self-harm gives temporary relief and a sense of control over their lives.
- Many young people resort to self-harm in order to "get out of the hurt, anger and pain" caused by pressures in their lives – it's a coping strategy. Cutting is most common form of self-harm.
- Self-harm is not about attention seeking – most self-harm is actually done in secret. Self-harm is an expression of personal distress.
- The vast majority of young people who self-harm are not trying to kill themselves but many people who commit suicide have self-harmed in the past, and this is one of the many reasons self-harm must be taken very seriously. Death can also still occur by accident.
- For many young people stopping or reducing the self-harm is a long and slow process. Young people need the opportunity to build up the coping skills gradually. While there are no strongly evidenced psychosocial or pharmacological interventions, it is clear that the support offered needs to focus on the underlying individual needs and not just the behaviour.
- The reaction that young people receive when they disclose their self-harm has a major impact on whether they go on to get help and recover.

Risk Factors

Children from all walks of life, backgrounds and demographics can be at risk of engaging in self-injury. The following risk factors, particularly in combination, may make a young person particularly vulnerable to self-harm:

Individual Factors:

- Depression / anxiety
- Poor communication skills
- Low self-esteem
- Poor problem-solving skill
- Hopelessness f) Impulsivity
- Drug or alcohol abuse/misuse
- Having additional needs/SEND

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
- Interest in social networking/websites that focus on self-harm or suicide

Confidentiality

Pupils need to be made aware that it may not be possible for staff to offer complete confidentiality. It is important not to make promises of confidentiality that cannot be kept even if a pupil puts pressure on a

staff member 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 immediately consult the Designated Safeguarding Lead.

The safety and wellbeing of a young person who has disclosed self-harm is paramount. All school staff and external professionals who work in schools have a statutory duty to follow Local Safeguarding Children Board child protection procedures. Complete confidentiality in situations where there has been incident of self-harm is not possible, as at a minimum response level a designated member of staff within the school setting will need to be involved in carrying out an assessment of need screening and in planning how to support and monitor the young person. Within this context, and dependent on what emerges from the needs assessment, there is some opportunity for a more individualised response to the issue of who needs to be aware and involved and young people should be allowed to inform this.

Young people make choices about who they disclose information about self-harming behaviour to in the context of these relationships. It is helpful when talking to the young person to:

- Take all self-harm seriously
- Listen carefully in a calm and compassionate way
- Take a non-judgemental approach and try to reassure them that you understand that the self-harm is helping them to cope at the moment and that you want to help
- Make sure they understand the limits to confidentiality
- If there are safeguarding concerns follow the procedures
- Help the young person to identify their own coping strategies and support network
- Offer information about support services

Key challenges to prevention of self-harm and suicide

- Improving understanding of risk factors
- Improve intervention
- Be proactive and focus on intervention

Responding to incidents of self-harm

- We refer to the 'Self Harm Guidance for School Based Staff – Durham County Council'.
- We use Durham's matrix to assess need to ensure clarity as to what support is going to be accessed.
- We ensure we follow our safeguarding guidance and procedures.
- We remember that the safety of the young person is paramount and they should understand the conditional nature of any confidentiality prior to assessment.
- It is important to ask directly about the intention behind the self-harm. This will not increase the risk to the young person and is vital in informing the care plan.
- Contact the parents at the appropriate time and involve the pupil in this process. Inform the parents of the appropriate help and support that is available for their child. Monitor the pupil e.g. school work, general presentation following the incident.
- We provide information to support referral to support services.

Supporting Documents

Self Harm Guidance for School Based Staff – Durham County Council:

Appendix A – Responding to Incidents of Self Harm
Appendix B – Self Harm Assessment of Need Tool
Appendix C – Case Illustrations
Appendix D – Checklist for Schools
Appendix E – Self Harm Report form

Durham Safeguarding Children Partnership Procedures Manual – Self Harm and Suicidal Behaviour

Review of Policy

This Policy will be reviewed on a bi-annual basis or in light of updated national/local guidance, whichever is the sooner.

Useful Contacts for Local Services

Service	Contact details	Address
Crisis CAMHS	0191 441 5733	Lanchester Road Hospital
CAMHS Single Point of Access:	Referral email – tewv.camhscountydurhamdarlington@nhs.net	The Mulberry Centre, The Rowan Building Darlington Memorial Hospital, Hollyhurst Road Darlington, DL3 6HX
First Contact (Single Assessment Procedure)	03000 261 112	Chester-le-Street
Durham Schools' Counselling Service	03000 263 333	Countywide
Emotional Wellbeing and Effective Learning Team	03000 263 333	Countywide
One Point Chester le Street	030002 61112	

National & Local Information for Parents/Further Information		
Rollercoaster Parent Support Group	Tel 07415380040	
If U Care Share Foundation	www.ifucareshare.co.uk 0191 3875661	The Close East, 27, Chester-le-Street DH2 2EY
National self-harm network	www.nshn.co.uk/	
The Samaritans	08457 909090,	
Childline	0800 1111	
Young Minds	Parent helpline: 0800 8025544 www.youngminds.org.uk	
NICE Guidelines: short term management of self harm within primary and secondary care	https://www.nice.org.uk/guidance/ng225	