Clinton Primary School Policy:

Managing Self-Harm Concerns

1. Purpose

This policy ensures all staff respond to self-harm concerns in line with statutory safeguarding duties set out in Keeping Children Safe in Education 2025 (KCSIE). Self-Harm is the fourth most common concern that children and young people contact Childline about. Self-harming behaviour can start at an early age and there is an increase in primary school presentation, however, this rises steeply in pre-adolescence and adolescence. School staff can play an important role in preventing self-harm and also in supporting students, peers and parents of students currently engaging in self-harm.

2. Safeguarding Statement

Self-harm is a **safeguarding concern** and must always be treated seriously.

- All staff have a duty to **identify, respond to, and report concerns immediately**
- This policy operates in line with the school's Child Protection Policy
- Safeguarding and promoting welfare is **everyone's responsibility**

3. Definition

Self-harm is when a child deliberately harms themselves to cope with emotional distress. In primary pupils, this may include:

- Scratching or biting themselves, hitting hands or heads on tables or walls, or cutting, picking skin.
- Swallowing inedible objects.
- Hair-pulling.
- Scouring or scrubbing the body excessively.
- Talking about hurting themselves
- Drawings or play themes linked to harm

4. Risk Factors

- Depression / anxiety.
- Poor communication skills.
- Low self-esteem.
- Poor problem-solving skills.
- Hopelessness.
- Impulsivity.
- 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

5. Warning Signs

School staff may become aware of warning signs which indicate a student is experiencing difficulties that may lead to thoughts of self-injury. These warning signs should always be taken seriously and staff observing any of these warning signs should seek further advice from the Designated Safeguarding Lead (DSL) in the school or their Deputy/Deputies (DDSL).

Possible warning signs include:

- Changes in eating / sleeping habits (e.g. student may appear overly tired if not sleeping well).
- Becoming socially withdrawn.
- Changes in activity and mood (e.g. more aggressive or introverted than usual).
- Talking or joking about self-harm or suicide.
- Expressing feelings of failure, uselessness or loss of hope
- Changes in appearance.

6. Key KCSIE Principles Applied

This policy reflects KCSIE expectations that:

- **All staff know how to recognise and report concerns**
- **Early help (support) should be provided as soon as problems emerge**
- **Concerns must be recorded and acted upon, not ignored**
- **Staff must not investigate but must pass concerns to the DSL**
- **Mental health concerns can be safeguarding concerns**

7. Immediate Staff Response (Mandatory)

If a child discloses or shows signs of self-harm:

1. Listen and reassure

- Stay calm, non-judgemental
- Do not promise confidentiality

2. Assess immediate safety

- Provide first aid if needed

- Do not leave the child alone if risk is high

3. Report immediately

- Inform the **DSL/deputy DSL without delay (same day, immediately if urgent)**

4. Record

- Make a clear, factual record on the school safeguarding system (using green forms)

8. Role of the DSL (KCSIE-Compliant)

The DSL will:

- **Assess risk and decide next steps**
- **Consider early help or referral to children's services**
- **Contact parents/carers unless this increases risk**
- **Liaise with external agencies (e.g. CAMHS, social care)**
- **Ensure secure, accurate safeguarding records are kept**

9. Early Help and Escalation

In line with KCSIE:

- Low-level or emerging concerns → **Offer Early Help (support)**
- Ongoing or serious concerns → **Referral to children's social care**
- Immediate danger → **Emergency services**

10. Supporting the Child

- Provide a trusted adult for regular check-ins
- Use age-appropriate emotional support strategies
- Avoid punishment for behaviour linked to distress
- Monitor and review risk regularly

11. Working with Parents/Carers

- Share concerns promptly and sensitively
- Work in partnership to support the child
- Follow safeguarding procedures if sharing information may place the child at risk

12. Confidentiality and Information Sharing

- Information is shared on a **need-to-know basis**
- **Safeguarding concerns override confidentiality**
- Records must be taken diligently and must be accurate, secure, and auditable (KCSIE expectation)

13. Staff Training

- All staff must read **KCSIE Part 1 annually**
- All staff receive safeguarding and mental health awareness training
- DSL receives advanced safeguarding training

14. Prevention

The school will:

- Promote emotional wellbeing through the curriculum (RSHE)
- Teach pupils how to express feelings safely
- Provide pastoral and early support
- Address Wellbeing Needs through in line with our Wellbeing Policy

15. Staff Roles in working with students who self-harm

Students may choose to confide in a member of school staff if they are concerned about their own welfare, or that of a peer. School staff may experience a range of feelings in response to self-harm in a student such as anger, sadness, shock, disbelief, guilt, helplessness, disgust and rejection.

However, in order to offer the best possible help to students it is important to try and maintain a supportive and open attitude – a student who has chosen to discuss their concerns with a member of school staff is showing a considerable amount of courage and trust.

16. Monitoring and Review

- All incidents reviewed by DSL
- Patterns or repeated concerns escalated
- Policy reviewed annually or following serious incidents